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Question ID: FID.060_00.000   **Instrument Variable Name:**   RPREL   **QuestionnaireFileName:**   Family

Question Text: (book) H3.

[fill 4]

02	Spouse
03	Unmarried partner
04	Child (biological/adoptive/in-law/step/foster)
05	Child of partner
06	Grandchild
07	Parent (biological/adoptive/in-law/step/foster)
08	Brother/sister (biological/adoptive/in-law/step/foster)
09	Grandparent (grandmother/grandfather)
10	Aunt/uncle
11	Niece/nephew
12	Other relative
13	Housemate/Roommate
14	Roomer/Boarder
15	Other Nonrelative
16	Legal Guardian
17	Ward
97	Refused
99	Don't know

Universe: All where RPREL NE Reference Person

Skip Instructions: Loop through all non-deleted PX
        <2, 3> if selected for more than one PX, GOTO ERR4_RPREL
            elseif AGE < 14, GOTO ERR1_RPREL
        <4> GOTO DEGREE1
        <5> if loop is completed and no PX has RPREL = 3, GOTO ERR5_RPREL, endif
        <6> if AGEDIFF < 25, GOTO ERR2_RPREL, endif
        <7> GOTO DEGREE2
        <8> GOTO DEGREE3
        <9> if AGEDIFF < 25, GOTO ERR3_RPREL, endif
        <10-17, D, R>
        end loop

        if UNRELTAL > 1, GOTO FAMNUM
        else GOTO HHCHANGE

Question ID: FID.100_00.000   **Instrument Variable Name:**   HHCHANGE   **QuestionnaireFileName:**   Family

Question Text: I have recorded that [fill 5]. [fill 6] [fill 7] and [fill 9] race is:
[fill 10]

Is this information correct?

1	Yes, this information is correct
2	No, correction(s) needed/more corrections needed

Universe: All nondeleted family members

Skip Instructions: <1> if no additional PX remain
        if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
        else GOTO FIDCC13
        <2> GOTO CWHAT2

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Question ID: FID.112_01.000   **Instrument Variable Name:**   NAME_FNAME   **QuestionnaireFileName:**   Family

Question Text: [fill 1]
*Enter 999 if no more persons.

Universe:

Skip Instructions: <999> if PCNT = 0, GOTO ERR1_NAME_FNAME
   elseif POS2 or POS3 ne 0, GOTO HHRESP
   else, GOTO MISPERS_MCHILD
 <allow 20, R, D> if name on fake/false name list
    goto ERR2_NAME_FNAME
   else
    goto NAME_MNAME

Question ID: FID.112_02.000   **Instrument Variable Name:**   NAME_MNAME   **QuestionnaireFileName:**   Family

Question Text: * Enter Middle Name.
* Probe for middle name or middle initial if not reported.
* Press "ENTER" to skip to last name if no middle name.

Universe: First name is not blank

Skip Instructions: <allow 20, R, D, null> GOTO NAME_LNAME

Question ID: FID.112_03.000   **Instrument Variable Name:**   NAME_LNAME   **QuestionnaireFileName:**   Family

Question Text: * If last name is the same as displayed, press "ENTER", otherwise, enter the new last name.

*Enter Last Name.

Universe: There is a name entered for 'first name'

Skip Instructions: <999> GOTO ERR1_NAME_FNAME
 <allow 20, R,D> if name on fake/false name list
   goto ERR2_NAME_LNAME
   else if NAME_FNAME and NAME_LNAME ne D, R
    Set ALIAS = NAME_FNAME< >NAME _LNAME,
    goto USUALRES
   else goto ALIAS

Question ID: FID.115_00.000   **Instrument Variable Name:**   ALIAS   **QuestionnaireFileName:**   Family

Question Text: How shall I refer to (you/this person) for the rest of the interview?

Universe: Persons who don't know or refused to give first or last name.

Skip Instructions: <allow 41> GOTO USUALRES

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Question ID:　FID.125_01.000　　**Instrument Variable Name:**　　AGEDOB_1　　　　**QuestionnaireFileName:**　Family

Question Text:　　1 of 5
What is [fill 1] age?

* Enter number for age.
001-120　　Age in years

Universe:　　All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions:　　<001-120> GOTO AGEDOB_2
<D,R> GOTO AGEDOB_3

Question ID:　FID.125_02.000　　**Instrument Variable Name:**　　AGEDOB_2　　　　**QuestionnaireFileName:**　Family

Question Text:　　2 of 5

* Enter number for age time period.
1　　Days
2　　Weeks
3　　Months
4　　Years

Universe:　　Valid age - number entered

Skip Instructions:　　<1-4> GOTO AGEDOB_3

Question ID:　FID.125_03.000　　**Instrument Variable Name:**　　AGEDOB_3　　　　**QuestionnaireFileName:**　Family

Question Text:　　3 of 5

And what is [fill 1] date of birth?

Please give month, day, and year for the date of birth.

* Enter month of birth.
January
February
March
April
May
June
July
August
September
October
November
December

Universe:　　All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions:　　<1-12,R,D> GOTO AGEDOB_4

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Question ID: FID.125_04.000   **Instrument Variable Name:**   AGEDOB_4   **QuestionnaireFileName:**   Family

Question Text: 4 of 5

0-31

* Enter day of birth

Day of the month

Universe: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions: <1-31, R, D>
Only allow valid days for month entered.
If days not valid, GOTO ERR_AGEDOB_4
ELSE GOTO AGEDOB_5

Question ID: FID.125_05.001   **Instrument Variable Name:**   AGEDOB_5   **QuestionnaireFileName:**   Family

Question Text: 5 of 5

1880-2030
9997

* Enter year of birth.

Year of birth

Refused

Universe: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions: <1880 - 2030, D,R> GOTO AGECAL

Question ID: FID.130_00.000   **Instrument Variable Name:**   DOBVER   **QuestionnaireFileName:**   Family

Question Text: There is a difference between the age the computer calculated from [fill 1] date-of-birth and the age that you gave me.

I recorded [fill 1] date-of-birth as [AGEDOB_3] [AGEDOB_4], [AGEDOB _5]. Is that [fill 1] correct date-of-birth?

Universe: Age reported is not equal to age calculated from date of birth.

Skip Instructions: <1,D,R> GOTO INTWKCK1
<2> GOTO AGEDOB_3

Question ID: FID.140_00.000   **Instrument Variable Name:**   AGEPIC   **QuestionnaireFileName:**   Family

Question Text: [fill 1]

Universe: Able to narrow age to two options

Skip Instructions: <1, 2> GOTO INTWKCK1
<3, D, R> if AGEDOB_1 = R, GOTO AGEGES2
          elseif AGEDOB_1 = D, GOTO AGEGES1_NUM

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Question ID:	FID.145_01.000	Instrument Variable Name:	AGEGES1_NUM	QuestionnaireFileName:	Family

Question Text: 1 of 2

What is your best guess of [fill 1] age?

* If the respondent gives a range of ages, enter "C" to continue to the screen that will compute an age.
* If the respondent does not know the age, enter your best estimate of the person's age.

001-120 Age in years
C Compute age

Universe: Age unknown and unable to narrow age down to two age choices and respondent did not refuse AGEDOB_1

Skip Instructions: <0-120> GOTO AGEGES1_TP
  elseif outside range, GOTO ERR_AGEGES1_NUM
<C> GOTO AGERNG_N1
<D, R> GOTO AGEGES2

Question ID:	FID.145_02.000	Instrument Variable Name:	AGEGES1_TP	QuestionnaireFileName:	Family

Question Text: 2 of 2

* Enter time period for age guess.
3 Months
4 Years
7 Refused
9 Don't know

Universe: Valid age number

Skip Instructions: <3, 4> If AGEDOB_5 = D, GOTO YEARPIC
  else GOTO INTWKCK1

Question ID:	FID.150_00.000	Instrument Variable Name:	AGEGES2	QuestionnaireFileName:	Family

Question Text: Certain sections of this interview depend on knowing if a person is 18 years old or older.

Could you please tell me if [fill 1] at least 18 years old?
1 Less than 18
2 18 or older
7 Refused
9 Don't know

Universe: (Age unknown and unable to narrow to two age choices and respondent refused or didn't know age at AGEDOB_1) or (Refused to or did not guess age)

Skip Instructions: <1> GOTO LESS18
<2,D,R> GOTO GREAT18

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Question ID: FID.155_00.000   **Instrument Variable Name:**   LESS18   **QuestionnaireFileName:**   Family

Question Text: * Enter your best estimate of [ALIAS[PX]]'s age.

* Enter age "0" to 17

* Enter "0" if less than 1 year old.

00-17	Age in years
997	Refused
999	Don't know

Universe: Person estimated less than eighteen years of age

Skip Instructions: <0-17> GOTO AGEDOB_1, to collect information about next person in roster,
else, GOTO INTWKCK1

Question ID: FID.160_00.000   **Instrument Variable Name:**   GREAT18   **QuestionnaireFileName:**   Family

Question Text: * Enter your best estimate of [ALIAS[PX]]'s age.

* Enter age 18 or greater.

18-120	Age in years
997	Refused
999	Don't know

Universe: Person estimated age (18 or older)

Skip Instructions: <18-120> GOTO AGEDOB_1, to collect information about next person in roster,
else, GOTO INTWKCK1

Question ID: FID.165_01.000   **Instrument Variable Name:**   AGERNG_N1   **QuestionnaireFileName:**   Family

Question Text: 1 of 4

* Enter lower age of the range in months or years.

000-120	Age in years

Universe: Computing age when not given the year the subject was born or the subject's age.

Skip Instructions: <0-120> GOTO AGERNG _T1

Question ID: FID.165_02.000   **Instrument Variable Name:**   AGERNG_T1   **QuestionnaireFileName:**   Family

Question Text: 2 of 4

* Enter lower age time period.

3	Months
4	Years
7	Refused
9	Don't know

Universe: First age number has been entered for range.

Skip Instructions: GOTO AGERNG_N2

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Question ID: FID.165_03.000 **Instrument Variable Name:** AGERNG_N2 **QuestionnaireFileName:** Family

Question Text: 3 of 4

* Enter higher age of the range in months or years.
0-120 Age in years

Universe: First age number and time period has been entered for range.

Skip Instructions: <0-120> GOTO AGERNG _T2

Question ID: FID.165_04.000 **Instrument Variable Name:** AGERNG_T2 **QuestionnaireFileName:** Family

Question Text: 4 of 4

* Enter higher age time period.
3 Months
4 Years

Universe: Second age number has been entered for range.

Skip Instructions: If LOWER > HIGHER, GOTO ERR_AGERNG_T2
<3,4> if AGEDOB_5 = Don't know, GOTO YEARPIC
else, GOTO INTWKCK1

Question ID: FID.170_00.000 **Instrument Variable Name:** YEARPIC **QuestionnaireFileName:** Family

Question Text: Would you say that [fill 1] born in:

1 fill with BYY1
2 fill with BYY2
3 Neither is correct
7 Refused
9 Don't know

Universe: Person's age is known and birth year answered with 'don't know'

Skip Instructions: <1,2,3, D,R> GOTO AGEDOB_1, to collect information about next person in roster,
else, GOTO INTWKCK1

Question ID: FID.180_00.000 **Instrument Variable Name:** SEX **QuestionnaireFileName:** Family

Question Text: * Ask if not apparent.
* If don't know or refused enter your best guess.

[fill 1] male or female?
1 Male
2 Female

Universe: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions: <1,2> GOTO AGEDOB_1

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Question ID:	FID.190_00.000	**Instrument Variable Name:**	NATOR	**QuestionnaireFileName:**	Family

Question Text:

(book) H1.
[fill 1] to be Hispanic or Latino?

* Read if necessary.
Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

(Where did [fill 2] ancestors come from?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions:
<1> GOTO HISPAN
<2,D,R> GOTO NATOR for next person in roster
ELSE GOTO RACE

Question ID:	FID.200_01.001	**Instrument Variable Name:**	HISPAN	**QuestionnaireFileName:**	Family

Question Text:

(book) H1
Please give me the number of the group that represents [fill: your/ ALIAS's} Hispanic origin or ancestry.
You may choose up to five (5), if applicable.

* If a nonhispanic group is named, backup to previous screen and change the answer from "yes" to "no".
Enter all that apply, separate with commas.
Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

97	Refused
99	Don't Know

Universe: National origin was answered yes to being Hispanic or Latino

Skip Instructions:
<1-6,> GOTO NATOR (for the next person), else GOTO RACE
<7> GOTO HIS_SP2
<8> GOTO HIS_SP3

| **Question ID:** | FID.200_02.000 | **Instrument Variable Name:** | HIS_SP2 | **QuestionnaireFileName:** | Family |

Question Text: * Probe for the country.

* If any of the following are mentioned, backup to previous screen and correct the entry.

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (REFER TO HELP SCREEN)

* (F1) For a list of Central or South American countries.

* Specify the other Latin American.
Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

| 97 | Refused |
| 99 | Don't know |

Universe: HISPAN answered from selection 7 for Hispanic origin.

Skip Instructions: <allow 30> GOTO NATOR (for the next person)
                                     else GOTO RACE

| **Question ID:** | FID.200_03.000 | **Instrument Variable Name:** | HIS_SP3 | **QuestionnaireFileName:** | Family |

Question Text: * Probe for the country.

* If any of the following are mentioned, backup to previous screen and correct the entry.

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (REFER TO HELP SCREEN)

* (F1) For a list of Central or South American countries.

* Specify the other Hispanic/Latino.

Universe: HISPAN answer from selection 8 (other Hispanic/Latino) origin

Skip Instructions: <allow 30> GOTO NATOR (for the next person)
                                     else GOTO RACE

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Question ID: FID.220_01.000   **Instrument Variable Name:**   RACE   **QuestionnaireFileName:**   Family

Question Text: (Book) H2

What race or races [fill 1] to be? Please select 1 or more of these categories.

* Enter all that apply, separate with commas.
White
Black/African American
Indian (American)
Alaska Native
Native Hawaiian
Guamanian
Samoan
Other Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian
Some other race
97 Refused
99 Don't know

Universe: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

Skip Instructions: <1-7, 9-14> If more than one selected, GOTO MLTRAC, then GOTO RACE for next person in roster
                else GOTO NOWAF_A
<8> GOTO RAC_SP1
<15> GOTO RAC_SP2
<16> GOTO RAC_SP3
<D,R> GOTO RACE, for the next person in roster,
        ELSE GOTO NOWAF_A

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Question ID: FID.230_00.000   **Instrument Variable Name:**   RAC_SP1   **QuestionnaireFileName:**   Family

Question Text: * Specify the other pacific islander.
REM * If any of the following are mentioned, go back to RACE screen to correct.
* If the respondent's answer could not be found, clear entry, type 'ZZ'.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
Guamanian	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

Universe: [RACE= 8 (other Pacific Islander)

Skip Instructions: <allow 30> If more than one selected, GOTO MLTRAC,
If 'ZZ' entered, goto RAC_SP1A
then GOTO RACE for next person on the roster.
else GOTO NOWAF_A

Question ID: FID.232_00.000   **Instrument Variable Name:**   RAC_SP2   **QuestionnaireFileName:**   Family

Question Text: * Specify the other Asian.

* If any of the following are mentioned, backup to previous item and correct the entry.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
uamanian	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

Universe: RACE = other Asian listed

Skip Instructions: <allow 30> If more than one selected, GOTO MLTRAC
then, GOTO RACE for next person on the roster.
Else, GOTO NOWAF_A

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Question ID: FID.234_00.000   **Instrument Variable Name:** RAC_SP3   **QuestionnaireFileName:** Family

Question Text: * Specify the other race.

* If any of the following are mentioned, backup to previous item and correct the entry.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
Guamanian	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

Universe: RACE answered some other race.

Skip Instructions: <30 chars long> If more than one selected [goto MLTRAC],THEN [goto RACE] for next person on the roster.
Else [goto NOWAF_A]

Question ID: FID.240_00.000   **Instrument Variable Name:** MLTRAC   **QuestionnaireFileName:** Family

Question Text: Which one of these groups, that is

[fill 1]

would you say BEST represents [fill 2] race?
White
Black/African American
Indian (American)
Alaska Native
Native Hawaiian
Guamanian
Samoan
RAC_SP1
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
RAC_SP2
RAC_SP3
97 Refused
99 Don't know

Universe: More than on race entered

Skip Instructions: <1-16, D, R> GOTO NOWAF_A
else, GOTO ERR_MLTRAC

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Question ID: FID.250_00.000   **Instrument Variable Name:**   MARITAL   **QuestionnaireFileName:**   Family

Question Text: * ASK OR VERIFY

[fill 1] now married, widowed, divorced, separated, never married, or living with a partner?
Married
Widowed
Divorced
Separated
Never Married
Living with partner
Refused
9   Don't Know

Universe: all persons, 14 and older, who don't have a marital status yet

Skip Instructions: <1> GOTO SPFLAG
<2-5, D, R> GOTO FIDCCI3
<6> if LINTAL[FAMINT] = 1, GOTO FIDCCI4
else GOTO COHAB1

Question ID: FID.260_00.000   **Instrument Variable Name:**   SPOUS   **QuestionnaireFileName:**   Family

Question Text: * ASK OR VERIFY

Is [fill 1] spouse living in the household?
1   Yes
2   No
7   Refused
9   Don't Know

Universe: A potential spouse lives in the unit.

Skip Instructions: <1> If SPOUS2[PX] = null, GOTO SPOUS2
else, GOTO FIDCCI3
<2,D,R> GOTO FIDCCI3

Question ID: FID.270_00.000   **Instrument Variable Name:**   SPOUS2   **QuestionnaireFileName:**   Family

Question Text: * Probe as necessary and enter the line number of the spouse.

[fill 1]
01-25   Person # of spouse

Universe: Person has an unidentified spouse in the household.

Skip Instructions: Do not allow line number of the subject to be entered. If so, GOTO ERR_SPOUS2

<1-25, R,D> GOTO FIDCCI3

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Question ID:	FID.280_00.000	**Instrument Variable Name:** COHAB1	**QuestionnaireFileName:** Family

Question Text: [fill 1] ever been married?

1	Yes
2	No
7	Refused
9	Don't know

Universe: Marital status is "living with a partner."

Skip Instructions: <1> GOTO COHAB2
<2, D, R> if COHAB3[PX] = null, GOTO COHAB3
    else, GOTO FIDCCI3

Question ID:	FID.290_00.000	**Instrument Variable Name:** COHAB2	**QuestionnaireFileName:** Family

Question Text: What is [fill 1] current legal marital status?

1	Married
2	Widowed
3	Divorced
4	Separated
7	Refused
9	Don't know

Universe: Person has been married.

Skip Instructions: <1-4, D, R> If COHAB3[PX] = null, GOTO COHAB3
    else, GOTO FIDCCI3

Question ID:	FID.300_00.000	**Instrument Variable Name:** COHAB3	**QuestionnaireFileName:** Family

Question Text: * Probe as necessary and enter the line number of the cohabiting partner.

	[fill 1]
01-25	Person number

Universe: Co-habitating partner has yet to be identified.

Skip Instructions: If line number of the subject is entered, GOTO ERR_COHAB3

<1-25, D, R> GOTO FIDCCI3

Question ID: FID.322_00.000   **Instrument Variable Name:** DEGREE4   **QuestionnaireFileName:** Family

Question Text: I noted that [fill 3].

[fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

Universe: When the reference person is the person in question's parent.

Skip Instructions: <1> if AGEDIFF < 12, GOTO ERR_DEGREE4
      if ERR_DEGREE4 = Yes (1), GOTO FIDCCI4B
     else reset DEGREE4, GOTO DEGREE4, endif
    else, GOTO FIDCCI4B
  <2-5,D,R> GOTO FIDCCI4B

Question ID: FID.324_00.000   **Instrument Variable Name:** DEGREE5   **QuestionnaireFileName:** Family

Question Text: I noted that [fill 3].

[fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

Universe: When the reference person is the person in question's parent.

Skip Instructions: <1> if AGEDIFF < 12, GOTO ERR_DEGREE5
      if Yes, continue the interview, GOTO FIDCCI4B
     else, reset DEGREE5, GOTO DEGREE5, endif
    else, GOTO FIDCCI4B
  <2-5, D, R> GOTO FIDCCI4B

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Question ID: FID.326_00.000   **Instrument Variable Name:** MOTHER   **QuestionnaireFileName:** Family

Question Text:

* Ask or verify
Is [fill 1] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

* Enter the line number of the mother or mother-in-law.
If the mother or mother-in-law is not a household member, enter "0".
If the person has no parents present but has a legal guardian, enter "96".

* Choose mother over mother-in-law if both are present.

00	Mother not a household member
01-25	Person number of mother
96	Has legal guardian
97	Refused
99	Don't Know

Universe: Potential mother in the Family, mother not already identified

Skip Instructions:
<01-25> GOTO MOTHERCK_A
<0, D, R> GOTO FIDCCI5
<96> GOTO GUARD

Question ID: FID.330_01.000   **Instrument Variable Name:** MOTHERCK_A   **QuestionnaireFileName:** Family

Question Text: [fill 1] biological (natural), adoptive, step, or foster mother or mother-in-law?

1	Biological mother
2	Adoptive mother
3	Step mother
4	Foster mother
5	Mother-in-law
7	Refused
9	Don't know

Universe: Mother is in the immediate family.

Skip Instructions:
<1> If AGEDIFF < 12, GOTO ERR_MOTHERCK_A
     if <1> GOTO FIDCCI5
     elseif <2>, GOTO MOTHER
     elseif <3>, reset MOTHERCK_A, GOTO MOTHERCK_A
   else, GOTO FIDCCI5
<2- 5,D,R> GOTO FIDCCI5

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Question ID: FID.330_02.000   **Instrument Variable Name:**   MOTHERCK_A   **QuestionnaireFileName:**   Family

Question Text: [fill 1] biological (natural), adoptive, step, or foster mother or mother-in-law?

1   Continue

Universe: Mother is in the immediate family.

Skip Instructions: <1> If AGEDIFF < 12, GOTO ERR_MOTHERCK_A
    if <1> GOTO FIDCCI5
    elseif <2>, GOTO MOTHER
    elseif <3>, reset MOTHERCK_A, GOTO MOTHERCK_A
    else, GOTO FIDCCI5
    <2- 5,D,R> GOTO FIDCCI5

Question ID: FID.340_00.000   **Instrument Variable Name:**   FATHER   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify

Is [fill 1] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* If the person has no parents present but has a legal guardian, enter '96'.

* Choose father over father-in-law if both are present.

0   Father not in household
01-25   Person # of father
96   Has legal guardian
97   Refused
99   Don't Know

Universe: Potential Father in Family, not already identified

Skip Instructions: <1-25> GOTO FATHERCK_A
<0, D, R> GOTO FIDCCI4
<96> GOTO GUARD

2004 NHIS Questionnaire - Family
Family Identification
Document Version Date: 06-May-04

Question ID: FID.350_01.000   **Instrument Variable Name:**   FATHERCK_A   **QuestionnaireFileName:**   Family

Question Text: [fill 1] biological (natural), adoptive, step, or foster father or father-in-law?

1	Biological father
2	Adoptive father
3	Step father
4	Foster father
5	Father-in-law
7	Refused
9	Don't know

Universe: Father has been identified

Skip Instructions: <1> If AGEDIFF < 12, GOTO ERR_FATHERCK_A
            if ERRFATHERCK_A = <1>, GOTO FIDCCI4
                elseif <2>, GOTO FATHER
                elseif <3>, reset FATHERCK_A
                GOTO FATHERCK_A, endif
            else, GOTO FIDCCI4
    <2- 5, D, R> GOTO FIDCCI4

Question ID: FID.350_02.000   **Instrument Variable Name:**   FATHERCK_A   **QuestionnaireFileName:**   Family

Question Text: [fill 1] biological (natural), adoptive, step, or foster father or father-in-law?

1	Continue

Universe: Father has been identified

Skip Instructions: <1> If AGEDIFF < 12, GOTO ERR_FATHERCK_A
            if ERRFATHERCK_A = <1>, GOTO FIDCCI4
                elseif <2>, GOTO FATHER
                elseif <3>, reset FATHERCK_A
                GOTO FATHERCK_A, endif
            else, GOTO FIDCCI4
    <2- 5, D, R> GOTO FIDCCI4

Question ID: FID.360_01.000   **Instrument Variable Name:**   GUARD   **QuestionnaireFileName:**   Family

Question Text: Who is [fill 1] legal guardian?

* Enter the line number of [fill 1] guardian.
* If the guardian is not a household member, enter '0'.

00	Guardian not a household member
01-25	Person # of guardian
97	Refused
99	Don't Know

Universe: Child identified as a guard at mother or father or, at the FIDCCI5 procedure, it's determined that the child (AGE<14) has no mother or father in the family.

Skip Instructions: <0-25, D, R> GOTO FIDCCI4

2004 NHIS Questionnaire -   Family
Family Identification
Document Version Date: 06-May-04

Question ID: FID.380_00.000   **Instrument Variable Name:**   KNOW2   **QuestionnaireFileName:**   Family

Question Text: * Verify or ask
Who in the family would you say knows about the health of all the family members?
[fill 1]
* Mark all that apply, separate with commas.

1   Yes, knows family members' health
2   No, does not know family member's health
7   Refused
9   Don't Know

Universe: More than one adult

Skip Instructions: <1-25, D, R>
if SCSEL = 0, GOTO FINTRO2
else, GOTO KNOWSC2

Question ID: FID.390_04.000   **Instrument Variable Name:**   FAMRESP   **QuestionnaireFileName:**   Family

Question Text: * Ask if necessary: With whom am I speaking?
[fill 1]
* Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25   Person # of Family Respondent

Universe: More than 1 adult present.

Skip Instructions: GOTO HLTH_BEG

Question ID: FID.700_00.000   **Instrument Variable Name:**   FINTRO2   **QuestionnaireFileName:**   Family

Question Text: * Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
[fill 1]
* If any persons listed are not present, say:
We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?
* If yes, ask: Could they join us?
* If nobody is presently available, enter "96" to procede to a callback screen.

1   Present
2   Not present

Universe:

Skip Instructions: <96> GOTO FCALLBK1 (Callback section)
if only one PX selected, GOTO HLTH_BEG (FHS)
else GOTO FAMRESP

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.005_00.000	**Instrument Variable Name:**	FLAPLYLM	**QuestionnaireFileName:**	Family

Question Text: [fill1: Are/Is]

* Read names
(fill roster of persons age 0-4)

limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

1 Yes
2 No
7 Refused
9 Don't Know

Universe: Families with one or more children age 0 to 4 years

Skip Instructions: <1> and only one child <5 store line number in PLAPLYLM and goto PLAPLYUN.
Else, goto [PLAPLYLM]
<2,D,R> [goto FSPEDEIS]

Question ID:	FHS.010_00.000	**Instrument Variable Name:**	PLAPLYLM	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't Know

Universe: Persons <5 years and more than 1 child under 5

Skip Instructions: [Goto PLAPLYUN]

Question ID:	FHS.020_00.000	**Instrument Variable Name:**	PLAPLYUN	**QuestionnaireFileName:**	Family

Question Text: Is [fill: Alias listed in PLAPLYLM] able to take part AT ALL in
the usual kinds of play activities done by most children [Alias]'s age?

1 Yes
2 No
7 Refused
9 Don't Know

Universe: Persons <5 yrs limited in play activities

Skip Instructions: <1,2,D,R> [Repeat this question to those children listed in PLAPLYLM, then [Goto FSPEDEIS]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.050_00.000   **Instrument Variable Name:**   FSPEDEIS   **QuestionnaireFileName:**   Family

Question Text: [fill: Do you/Does/Do any of the following family members,

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?
1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons<18 years

Skip Instructions: <1> If only 1 child in the family, or if subject (child<18)=respondent
[store child's person number in [PSPEDEIS]_1, goto PSPEDEM], else [goto PSPEDEIS]
<2,D,R> [goto FLAADL]

Question ID: FHS.060_00.000   **Instrument Variable Name:**   PSPEDEIS   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)
1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons < 18 receive Special Ed/EIS

Skip Instructions: [Goto PSPEDEM]

Question ID: FHS.065_00.000   **Instrument Variable Name:**   PSPEDEM   **QuestionnaireFileName:**   Family

Question Text: [fill: Do you/Does ALIAS] receive these services because of an emotional
or behavioral problem?
1   Yes
2   No
7   Refused
9   Don't Know

Universe:

Skip Instructions: <1,2,D,R> [goto FLAADL]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.070_00.000   **Instrument Variable Name:** FLAADL   **QuestionnaireFileName:** Family

Question Text: Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

[fill2: Do not include family members age 2 and under.]

1   Yes
2   No
7   Refused
9   Don't Know

Universe: Families with one or more persons ages 3 years and older

Skip Instructions: <1>If one person family,
[store the respondent person number into PLAADL, [goto LABATH] , else [goto PLAADL]
<2,D,R> [goto FLAIADL]

Question ID: FHS.080_00.000   **Instrument Variable Name:** PLAADL   **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't Know

Universe: All families

Skip Instructions: [Goto LABATH]

Question ID: FHS.090_01.000   **Instrument Variable Name:** LABATH   **QuestionnaireFileName:** Family

Question Text: [fill: Do you/Does Alias] need the help of other persons with...

Bathing or showering?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LADRESS-LAHOME]
Else, [goto FLAIADL]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 03-May-04

Question ID: FHS.090_02.000 **Instrument Variable Name:** LADRESS **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

[fill: Do you/Does Alias] need the help of other persons with...

Dressing?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LAEAT-LAHOME
Else, [goto FLAIADL]

Question ID: FHS.090_03.000 **Instrument Variable Name:** LAEAT **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

[fill: Do you/Does Alias] need the help of other persons with...

Eating?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LABED-LAHOME
Else [goto FLAIADL]

Question ID: FHS.090_04.000 **Instrument Variable Name:** LABED **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

[fill: Do you/Does Alias] need the help of other persons with...

Getting in or out of bed or chairs?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LATOILT- LAHOME
Else [goto FLAIADL]

Question ID: FHS.090_05.000   **Instrument Variable Name:**   LATOILT   **QuestionnaireFileName:**   Family

Question Text: * Read if necessary.

[fill: Do you/Does Alias] need the help of other persons with...

Using the toilet, including getting to the toilet?

1	Yes
2	No
7	Refused
9	Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LAHOME
Else [goto FLAIADL]

Question ID: FHS.090_06.000   **Instrument Variable Name:**   LAHOME   **QuestionnaireFileName:**   Family

Question Text: * Read if necessary.

[fill: Do you/Does Alias] need the help of other persons with...

Getting around inside the home?

1	Yes
2	No
7	Refused
9	Don't Know

Universe: Persons with a limitation

Skip Instructions: <1, 2, D, R> [Repeat this question for family members listed in PLAADL,
Else [goto FLAIADL]

Question ID: FHS.150_00.000   **Instrument Variable Name:**   FLAIADL   **QuestionnaireFileName:**   Family

Question Text: Because of a physical, mental, or emotional problem, do [fill: you/any of these family members

* Read names
(fill roster of persons greater than or equal to age 18)]

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1	Yes
2	No
7	Refused
9	Don't Know

Universe: Families with one or more persons ages 18 years and older

Skip Instructions: <1> If one person family, store the respondent's person number in PLAIADL, Goto FLAWKNOW],
else [goto PLAIADL]
<2,D,R> [goto FLAWKNOW]

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Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.160_00.000   **Instrument Variable Name:** PLAIADL   **QuestionnaireFileName:** Family

Question Text:

* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't Know

Universe: Families with limitations persons 18+yrs. and more than 1 persons 18+ yrs.

Skip Instructions: Family members not in delete status only.
Otherwise, [goto FLAWKNOW].

Question ID: FHS.170_00.000   **Instrument Variable Name:** FLAWKNOW   **QuestionnaireFileName:** Family

Question Text:

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members

* Read names
(fill roster of persons greater than than or equal to age 18)]

from working at a job or business?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Families with one or more persons ages 18 years and older

Skip Instructions: <1>If one person family store in [PLAWKNOW] goto FLAWALK,
Else goto PLAWKNOW
<2,R,DK> [goto FLAWKLIM]

Question ID: FHS.180_00.000   **Instrument Variable Name:** PLAWKNOW   **QuestionnaireFileName:** Family

Question Text:

* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't Know

Universe: Families with more than 1 limited person 18+ years

Skip Instructions: All selected goto [FLAWALK],
Else goto [FLAWKLIM]

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Question ID:	FHS.190_00.000	**Instrument Variable Name:**	FLAWKLIM	**QuestionnaireFileName:**	Family

Question Text: [fill: Are you limited in the kind OR amount of work you/ Is Alias limited in the kind OR amount of work he/she/ Are any of these family members,

* Read names
(fill roster of persons greater than or equal to age 18)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

1	Yes
2	No
7	Refused
9	Don't know

Universe: Families with (one or more persons ages 18 years and older and not selected in PLAWKNOW)

Skip Instructions: <1> [if one-person family, or only 1 person 18+ not selected in PLAWKNOW, store person number in PLAWKLIM and goto [FLAWALK]; else goto [PLAWKLIM]
<2,R,DK> [goto FLAWALK]

Question ID:	FHS.200_00.000	**Instrument Variable Name:**	PLAWKLIM	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0	Unable to work
1	Limited in work
2	Not limited in work
7	Refused
9	Don't Know

Universe: More than 1 persons 18+ years and able to work

Skip Instructions: Family members not in delete status only.
[goto FLAWALK];

Question ID:	FHS.210_00.000	**Instrument Variable Name:**	FLAWALK	**QuestionnaireFileName:**	Family

Question Text: Because of a health problem, [fill: do you/does anyone in the family]
have difficulty walking without using any special equipment?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> if one person family store in PLAWALK and goto [FLAREMEM], else goto [PLAWALK]
<2,R,DK> [goto FLAREMEM]

| Question ID: | FHS.220_00.000 | Instrument Variable Name: | PLAWALK | QuestionnaireFileName: | Family |

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Skip Instructions: Family members not in delete status only.
Goto [FLAREMEM].

| Question ID: | FHS.230_00.000 | Instrument Variable Name: | FLAREMEM | QuestionnaireFileName: | Family |

Question Text: [fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> if single-person family and age is less than 18, store person number in PLAREMEM and goto [LAHCC]
Else, if single person family and age is 18+ store person # in [PLAREMEM] and goto LAHCA.
Else goto [PLAREMEM]
<2,R,DK> [goto FLIMANY]

| Question ID: | FHS.240_00.000 | Instrument Variable Name: | PLAREMEM | QuestionnaireFileName: | Family |

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Skip Instructions: Goto [FLIMANY]

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Document Version Date: 03-May-04

Question ID:	FHS.250_00.000	**Instrument Variable Name:**	FLIMANY	**QuestionnaireFileName:**	Family

Question Text: [fill: Are you/ Is Alias/ Are any family members

* Read names
(fill roster of applicable persons.)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families with any family members with no previously mentioned
limitations (NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM)

Skip Instructions: <1> [if 1 person family or respondent= only person NOT selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Are you". Else if only 1 person not selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Is Alias";
Else fill "Are any family members * Read names below (list names of person without limitation)"
<2,R,DK> [goto LAHCC]

Question ID:	FHS.260_00.000	**Instrument Variable Name:**	PLIMANY	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0	Limitation previously mentioned
1	Yes, limited in some other way
2	Not limited in any way
7	Refused
9	Don't Know

Universe:

Skip Instructions: Goto LAHCC

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Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.270_00.000	**Instrument Variable Name:**	LAHCC	**QuestionnaireFileName:**	Family

Question Text: (book) F1.

What conditions or health problems cause [fill: Alias]'s limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.
  Vision/problem seeing
  Hearing problem
  Speech problem
  Asthma/breathing problem
  Birth defect
  Injury
  Mental retardation
  Other developmental problem (e.g., cerebral palsy)
  Other mental, emotional or behavioral problem
  Bone, joint, or muscle problem
  Epilepsy or seizures
  Learning disability
  Attention Deficit/Hyperactivity Disorder (ADD/ADHD)

90	Other impairment/problem (specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

Universe: age 0 to 17 years and (person selected in (PLAPLYLM or PSPEDEIS or PLAADL
 or PLAWALK or PLAREMEM or PLIMANY))

Skip Instructions: <1-4, 6-13> selected entries goto appropriate follow up question LHCL##N [##= 01-13, 90, 91]
<5> fill "96" in LHCL05N and fill "6" in LHCL05T
<90> goto LAHCC_S1
<91> goto LAHCC_S2
<R, DK> Roster through all selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW
or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA.

For all selected LAHCC entries goto appropriate follow up question LHCL##N [##= 01-13, 90,91]
Roster through all LAHCC entries. Roster through all selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in
PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA.

Question ID:	FHS.271_90.000	**Instrument Variable Name:**	LAHCC_S1	**QuestionnaireFileName:**	Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: Other impairment selected in LAHCC

Skip Instructions: <50 chars>
goto [LHCL90N]

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Question ID:	FHS.271_91.000	**Instrument Variable Name:** LAHCC_S2	**QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: Other impairment selected in LAHCC

Skip Instructions: <50 chars>
goto [LHCL91N]

Question ID:	FHS.280_01.000	**Instrument Variable Name:** LHCL01N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 1 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL01T
<96> then fill "6" in LHCL01T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL01T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.280_02.000   **Instrument Variable Name:**   LHCL01T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with vision problem or problem seeing.

(LHCL01N..)
1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't Know

Universe: Condition number 1 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL01T

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto [ERR1_LHCL01T]

Question ID: FHS.282_01.000   **Instrument Variable Name:**   LHCL02N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't Know

Universe: Condition number 2 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL02T
<96> then fill "6" in LHCL02T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL02T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

Question ID:	FHS.282_02.000	**Instrument Variable Name:**	LHCL02T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with hearing problem.

(LHCL02N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 2 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL02T

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE
in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto [ERR1_LHCL02T]

Question ID:	FHS.284_01.000	**Instrument Variable Name:**	LHCL03N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a speech problem?

* Enter number for time with a speech problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 3 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL03T
<96> then fill "6" in LHCL03T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL03T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.284_02.000   **Instrument Variable Name:**   LHCL03T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with speech problem.

(LHCL03N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 3 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL03T

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE
in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto [ERR1_LHCL03T]

Question ID: FHS.286_01.000   **Instrument Variable Name:**   LHCL04N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 4 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL04T
<96> then fill "6" in LHCL04T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL04T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.286_02.000   **Instrument Variable Name:**   LHCL04T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with asthma or a breathing problem.

(LHCL04N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 4 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL04T

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE
in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto [ERR1_LHCL04T]

Question ID: FHS.288_01.000   **Instrument Variable Name:**   LHCL06N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had the injury that caused [fill2:your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94   01-94
95   95+
96   Since birth
97   Refused
99   Don't Know

Universe: Condition number 6 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL06T
<96> then fill "6" in LHCL06T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL06T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.288_02.000   **Instrument Variable Name:**   LHCL06T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with the injury that caused [fill: your/his/her] limitation.

(LHCL06N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 6 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL06T

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE
in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto [ERR1_LHCL06T]

Question ID: FHS.290_01.000   **Instrument Variable Name:**   LHCL07N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94   01-94
95   95+
96   Since birth
97   Refused
99   Don't Know

Universe: Condition number 7 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL07T
<96> then fill "6" in LHCL07T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL07T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.290_02.000 **Instrument Variable Name:** LHCL07T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with mental retardation.

(LHCL07N..)
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 7 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL07T

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE
in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto [ERR1_LHCL07T]

Question ID: FHS.292_01.000 **Instrument Variable Name:** LHCL08N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 8 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL08T
<96> then fill "6" in LHCL08T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL08T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.292_02.000   **Instrument Variable Name:**   LHCL08T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

(LHCL08N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 8 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL08T

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE
in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto [ERR1_LHCL08T]

Question ID: FHS.294_01.000   **Instrument Variable Name:**   LHCL09N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94   01-94
95   95+
96   Since birth
97   Refused
99   Don't Know

Universe: Condition number 9 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL09T
<96> then fill "6" in LHCL09T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL09T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

Question ID: FHS.294_02.000   **Instrument Variable Name:** LHCL09T   **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with mental, emotional, or behavioral problem.

(LHCL09N..)
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 9 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL09T

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE
in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto [ERR1_LHCL09T]

Question ID: FHS.296_01.000   **Instrument Variable Name:** LHCL10N   **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a bone, joint, or muscle problem?

* Enter number for time with a bone, joint, or muscle problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 10 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL10T
<96> then fill "6" in LHCL10T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL10T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.296_02.000   **Instrument Variable Name:** LHCL10T   **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with bone, joint, or muscle problem.

(LHCL10N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 10 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL10T

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE
in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto [ERR1_LHCL10T]

Question ID: FHS.298_01.000   **Instrument Variable Name:** LHCL11N   **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had epilepsy or seizures?

* Enter number for time with epileplsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 11 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL11T
<96> then fill "6" in LHCL11T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL11T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

Question ID: FHS.298_02.000   **Instrument Variable Name:**   LHCL11T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with epilepsy or seizures.

(LHCL11N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 11 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent
condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL11T

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE
in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto [ERR1_LHCL11T]

Question ID: FHS.300_01.000   **Instrument Variable Name:**   LHCL12N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a learning disability?

* Enter number for time with a learning disability.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94   01-94
95   95+
96   Since birth
97   Refused
99   Don't Know

Universe: Condition number 12 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL12T
<96> then fill "6" in LHCL12T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and
LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL12T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

Question ID: FHS.300_02.000 **Instrument Variable Name:** LHCL12T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with learning disability.

(LHCL12N..)
1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't Know

Universe: Condition number 12 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL12T

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE
in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto [ERR1_LHCL12T]

Question ID: FHS.302_01.000 **Instrument Variable Name:** LHCL13N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't Know

Universe: Condition number 13 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL13T
<96> then fill "6" in LHCL13T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL13T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.302_02.000   **Instrument Variable Name:**   LHCL13T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

(LHCL13N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 13 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL13T

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE
in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto [ERR1_LHCL13T]

Question ID: FHS.304_01.000   **Instrument Variable Name:**   LHCL90N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94   01-94
95   95+
96   Since birth
97   Refused
99   Don't Know

Universe: Condition number 90 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL90T
<96> then fill "6" in LHCL90T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL90T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.304_02.000   **Instrument Variable Name:**   LHCL90T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

(LHCL90N..)
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 90 selected in LAHCC

Skip Instructions: <1-4, DK, R>
if 91 selected in LAHCC, then goto LAHCC_S2,
Else, roster through all LAHCC entries and goto appropriate LHCL##N [##= 01-13, 90, 91]
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL90T

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE
in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto [ERR1_LHCL90T]

Question ID: FHS.306_01.000   **Instrument Variable Name:**   LHCL91N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.
01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 91 selected in LAHCC

Skip Instructions: <1-95, D> goto LHCL91T
<96> then fill "6" in LHCL91T
If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and
LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA]
<R> store "R" in [LHCL91T] goto next condition in [LAHCC]
Once exhausted goto [LAHCA]

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Question ID: FHS.306_02.000   **Instrument Variable Name:**   LHCL91T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S2].

(LHCL91N..)
1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since Birth
7   Refused
9   Don't Know

Universe: Condition number 91 selected in LAHCC

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA
Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
<6> goto ERR2_LHCL91T

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE
in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto [ERR1_LHCL91T]

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Question ID:	FHS.350_00.000	**Instrument Variable Name:**	LAHCA	**QuestionnaireFileName:**	Family

Question Text: (book) F2

What conditions or health problems cause [fill: your/Alias's] limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.
  Vision/problem seeing
  Hearing problem
  Arthritis/rheumatism
  Back or neck problem
  Fracture, bone/joint injury
  Other injury
  Heart problem
  Stroke problem
  Hypertension/high blood pressure
 Diabetes
 Lung/breathing problem(e.g., asthma and emphysema)
 Cancer
 Birth defect
 Mental retardation
 Other developmental problem (e.g. cerebral palsy)
  Senility
 Depression/anxiety/emotional problem
 Weight problem
 Missing limbs (fingers, toes or digits), amputee
 Kidney, bladder or renal problems
 Circulation problems (including blood clots)
 Benign tumors, cysts
 Fibromyalgia, lupus
 Osteoporosis, tendinitis
 Epilepsy, seizures
 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
 Polio(myelitis), paralysis, para/quadriplegia
 Parkinson's disease, other tremors
  Other nerve damage, including carpal tunnel syndrome
  Hernia
  Ulcer
  Varicose veins, hemorrhoids
  Thyroid problems, Grave's disease, gout
  Knee problems (not arthritis (03), not joint injury(05))
  Migraine headaches (not just headaches)

90	Other impairment/problem (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

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Universe:	age 18+ and (person selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY))
Skip Instructions:	<1-12, 14-35, 90,91> selected entries goto appropriate follow up question LHAL##N [##= 01-35, 90, 91]
	<13> fill "96" in LHAL13N and fill "6" in LHAL13T
	<90> goto LAHCA_S1
	<91> goto LAHCA_S2
	<R, DK> Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY)) Once exhausted goto PHSTAT
	For all selected LAHCA entries goto appropriate followup question LHAL##N [##= 01-35, 90, 91]
	Roster through all LAHCA entries. Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY))
	Once exhausted goto PHSTAT.

Question ID: FHS.351_90.000 **Instrument Variable Name:** LAHCA_S1 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: Other impairment selected in LAHCA

Skip Instructions: <50 chars>
goto [LHAL90N]

Question ID: FHS.351_91.000 **Instrument Variable Name:** LAHCA_S2 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: Other impairment selected in LAHCA

Skip Instructions: <50 chars> Roster through all LAHCA entries and goto appropriate LHAL##N [##= 01-35, 90, 91]

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Question ID:	FHS.360_01.000	**Instrument Variable Name:**	LHAL01N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 1 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL01T
<96> then fill "6" in LHAL01T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL01T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.360_02.000	**Instrument Variable Name:**	LHAL01T	**QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with vision problem or problem seeing.

(LHAL01N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 1 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL01T

if (LHAL01T = 4 and LHAL01N > AGE), goto [ERR1_LHAL01T]

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Question ID:	FHS.362_01.000	**Instrument Variable Name:** LHAL02N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 2 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL02T
<96> then fill "6" in LHAL02T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL02T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.362_02.000	**Instrument Variable Name:** LHAL02T	**QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with hearing problem.

(LHAL02N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 2 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL02T

if (LHAL02T = 4 and LHAL02N > AGE), goto [ERR1_LHAL02T]

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Question ID: FHS.364_01.000   **Instrument Variable Name:**   LHAL03N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 3 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL03T
<96> then fill "6" in LHAL03T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL03T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.364_02.000   **Instrument Variable Name:**   LHAL03T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with arthritis or rheumatism.

(LHAL03N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 3 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL03T

if (LHAL03T = 4 and LHAL03N > AGE), goto [ERR1_LHAL03T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.366_01.000   **Instrument Variable Name:**   LHAL04N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a back or neck problem?

* Enter number for time with a back or neck problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 4 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL04T
<96> then fill "6" in LHAL04T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL04T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.366_02.000   **Instrument Variable Name:**   LHAL04T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with back or neck problem.

(LHAL04N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 4 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL04T

if (LHAL014T = 4 and LHAL04N > AGE) , goto [ERR1_LHAL04T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.368_01.000	**Instrument Variable Name:**	LHAL05N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone or joint injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 5 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL05T
<96> then fill "6" in LHAL05T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL05T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.368_02.000	**Instrument Variable Name:**	LHAL05T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

(LHAL05N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 5 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL05T

if (LHAL05T = 4 and LHAL05N > AGE), goto [ERR1_LHAL05T]

Question ID:	FHS.370_01.000	**Instrument Variable Name:**	LHAL06N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had the [fill2: other] injury that caused [fill3: your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 6 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL06T
<96> then fill "6" in LHAL06T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL06T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.370_02.000	**Instrument Variable Name:**	LHAL06T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with [fill1: other] injury that caused [fill2: your/his/her] limitation.

(LHAL06N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 6 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL06T

if (LHAL06T = 4 and LHAL06N > AGE), goto [ERR1_LHAL06T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
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Question ID: FHS.372_01.000   **Instrument Variable Name:** LHAL07N   **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a heart problem?

* Enter number for time with a heart problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 7 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL07T
<96> then fill "6" in LHAL07T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL07T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.372_02.000   **Instrument Variable Name:** LHAL07T   **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with heart problem.

(LHAL07N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 7 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL07T

if (LHAL07T = 4 and LHAL07N > AGE), goto [ERR1_LHAL07T]

Question ID:	FHS.374_01.000	**Instrument Variable Name:**	LHAL08N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a stroke problem?

* Enter number for time with a stroke problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 8 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL08T
<96> then fill "6" in LHAL08T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL08T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.374_02.000	**Instrument Variable Name:**	LHAL08T	**QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with stroke problem.

(LHAL08N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 8 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL08T

if (LHAL08T = 4 and LHAL08N > AGE) , goto [ERR1_LHAL08T]

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Family Health Status & Limitations
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Question ID: FHS.376_01.000   **Instrument Variable Name:**   LHAL09N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had hypertension or high blood pressure?

* Enter number for time with hypertension or high blood pressure.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 9 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL09T
<96> then fill "6" in LHAL09T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL09T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.376_02.000   **Instrument Variable Name:**   LHAL09T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with hypertension or high blood pressure.

(LHAL09N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 9 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL09T

if (LHAL09T = 4 and LHAL09N > AGE) , goto [ERR1_LHAL09T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.378_01.000	**Instrument Variable Name:**	LHAL10N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had diabetes?

* Enter number for time with diabetes.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 10 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL10T
<96> then fill "6" in LHAL10T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL10T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.378_02.000	**Instrument Variable Name:**	LHAL10T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with diabetes.

(LHAL10N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 10 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL10T

if (LHAL10T = 4 and LHAL10N > AGE), goto [ERR1_LHAL10T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.380_01.000	**Instrument Variable Name:**	LHAL11N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a lung problem or breathing problem (e.g., asthma and emphysema)?

* Enter number for time with a lung problem or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 11 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL11T
<96> then fill "6" in LHAL11T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL11T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.380_02.000	**Instrument Variable Name:**	LHAL11T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

(LHAL11N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 11 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL11T

if (LHAL11T = 4 and LHAL11N > AGE), goto [ERR1_LHAL11T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.382_01.000	Instrument Variable Name:	LHAL12N	QuestionnaireFileName:	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had cancer?

* Enter number for time with cancer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 12 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL12T
<96> then fill "6" in LHAL12T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL12T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.382_02.000	Instrument Variable Name:	LHAL12T	QuestionnaireFileName:	Family

Question Text: 2 of 2

* Enter time period for time with cancer.

(LHAL12N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

Universe: Condition number 12 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL12T

if (LHAL12T = 4 and LHAL12N > AGE), goto [ERR1_LHAL12T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.384_01.000	Instrument Variable Name:	LHAL14N	QuestionnaireFileName:	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 14 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL14T
<96> then fill "6" in LHAL14T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL14T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.384_02.000	Instrument Variable Name:	LHAL14T	QuestionnaireFileName:	Family

Question Text: 2 of 2

* Enter time period for time with mental retardation.

(LHAL14N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

Universe: Condition number 14 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL14T

if (LHAL14T = 4 and LHAL14N > AGE), goto [ERR1_LHAL14T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.386_01.000   **Instrument Variable Name:**   LHAL15N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 15 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL15T
<96> then fill "6" in LHAL15T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL15T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.386_02.000   **Instrument Variable Name:**   LHAL15T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

(LHAL15N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 15 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL15T

if (LHAL15T = 4 and LHAL15N > AGE), goto [ERR1_LHAL15T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.388_01.000   **Instrument Variable Name:**   LHAL16N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had senility?

* Enter number for time with senility.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 16 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL16T
<96> then fill "6" in LHAL16T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL16T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.388_02.000   **Instrument Variable Name:**   LHAL16T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with senility.

(LHAL16N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 16 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL16T

if (LHAL16T = 4 and LHAL16N > AGE), goto [ERR1_LHAL16T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.390_01.000	**Instrument Variable Name:**	LHAL17N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety or an emotional problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 17 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL17T
<96> then fill "6" in LHAL17T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL17T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.390_02.000	**Instrument Variable Name:**	LHAL17T	**QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with depression, anxiety, or an emotional problem.

(LHAL17N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 17 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL17T

if (LHAL17T = 4 and LHAL17N > AGE), goto [ERR1_LHAL17T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.392_01.000   **Instrument Variable Name:**   LHAL18N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a weight problem?

* Enter number for time with a weight problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 18 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL18T
<96> then fill "6" in LHAL18T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL18T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.392_02.000   **Instrument Variable Name:**   LHAL18T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with weight problem.

(LHAL18N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 18 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL18T

if (LHAL18T = 4 and LHAL18N > AGE) , goto [ERR1_LHAL18T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.394_01.000	**Instrument Variable Name:**	LHAL19N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 19 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL19T
<96> then fill "6" in LHAL19T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL19T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.394_02.000	**Instrument Variable Name:**	LHAL19T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with missing limb (finger, toe, or digit).

(LHAL19N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 19 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL19T

if (LHAL19T = 4 and LHAL19N > AGE) , goto [ERR1_LHAL19T]

Question ID: FHS.396_01.000 **Instrument Variable Name:** LHAL20N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 20 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL20T
<96> then fill "6" in LHAL20T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL20T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.396_02.000 **Instrument Variable Name:** LHAL20T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

(LHAL20N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 20 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL20T

if (LHAL20T = 4 and LHAL20N > AGE), goto [ERR1_LHAL20T]

2004 NHIS Questionnaire - Family
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Question ID:	FHS.398_01.000	Instrument Variable Name:	LHAL21N	QuestionnaireFileName:	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 21 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL21T
<96> then fill "6" in LHAL21T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL21T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.398_02.000	Instrument Variable Name:	LHAL21T	QuestionnaireFileName:	Family

Question Text: 2 of 2

* Enter time period for time with circulation problem (including blood clots).

(LHAL21N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 21 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL21T

if (LHAL21T = 4 and LHAL21N > AGE), goto [ERR1_LHAL21T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.400_01.000   **Instrument Variable Name:**   LHAL22N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 22 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL22T
<96> then fill "6" in LHAL22T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL22T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.400_02.000   **Instrument Variable Name:**   LHAL22T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with benign tumors or cysts.

(LHAL22N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 22 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL22T

if (LHAL22T = 4 and LHAL22N > AGE), goto [ERR1_LHAL22T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.402_01.000   **Instrument Variable Name:**   LHAL23N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 23 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL23T
<96> then fill "6" in LHAL23T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL23T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.402_02.000   **Instrument Variable Name:**   LHAL23T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

(LHAL23N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 23 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL23T

if (LHAL23T = 4 and LHAL23N > AGE) , goto [ERR1_LHAL23T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.404_01.000   **Instrument Variable Name:**   LHAL24N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 24 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL24T
<96> then fill "6" in LHAL24T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL24T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.404_02.000   **Instrument Variable Name:**   LHAL24T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

(LHAL24N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 24 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL24T

if (LHAL24T = 4 and LHAL24N > AGE), goto [ERR1_LHAL24T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.406_01.000	**Instrument Variable Name:**	LHAL25N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 25 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL25T
<96> then fill "6" in LHAL25T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL25T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.406_02.000	**Instrument Variable Name:**	LHAL25T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with epilepsy or seizures.

(LHAL25N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 25 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL25T

if (LHAL25T = 4 and LHAL25N > AGE), goto [ERR1_LHAL25T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.408_01.000	**Instrument Variable Name:**	LHAL26N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dtstrophy (MD)?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 26 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL26T
<96> then fill "6" in LHAL26T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL26T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.408_02.000	**Instrument Variable Name:**	LHAL26T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD).

(LHAL26N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 26 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL26T

if (LHAL26T = 4 and LHAL26N > AGE), goto [ERR1_LHAL26T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.410_01.000	**Instrument Variable Name:**	LHAL27N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis) paralysis or para/quadriplegia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 27 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL27T
<96> then fill "6" in LHAL27T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL27T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.410_02.000	**Instrument Variable Name:**	LHAL27T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

(LHAL27N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 27 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL27T

if (LHAL27T = 4 and LHAL27N > AGE), goto [ERR1_LHAL27T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.412_01.000	**Instrument Variable Name:**	LHAL28N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had Parkinson's disease or tremors?

* Enter number for time with Parkinson's disease or tremors.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 28 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL28T
<96> then fill "6" in LHAL28T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL28T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.412_02.000	**Instrument Variable Name:**	LHAL28T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with Parkinson's disease or tremors.

(LHAL28N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 28 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL28T

if (LHAL28T = 4 and LHAL28N > AGE) , goto [ERR1_LHAL28T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.414_01.000 **Instrument Variable Name:** LHAL29N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 29 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL29T
<96> then fill "6" in LHAL29T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL29T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.414_02.000 **Instrument Variable Name:** LHAL29T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

(LHAL29N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 29 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL29T

if (LHAL29T = 4 and LHAL29N > AGE) , goto [ERR1_LHAL29T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.416_01.000 **Instrument Variable Name:** LHAL30N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a hernia?

* Enter number for time with a hernia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 30 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL30T
<96> then fill "6" in LHAL30T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL30T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.416_02.000 **Instrument Variable Name:** LHAL30T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with hernia.

(LHAL30N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 30 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL30T

if (LHAL30T = 4 and LHAL30N > AGE), goto [ERR1_LHAL30T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.418_01.000	**Instrument Variable Name:**	LHAL31N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had an ulcer?

* Enter number for time with an ulcer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 31 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL31T
<96> then fill "6" in LHAL31T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL31T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.418_02.000	**Instrument Variable Name:**	LHAL31T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with ulcer.

(LHAL31N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 31 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL31T

if (LHAL31T = 4 and LHAL31N > AGE), goto [ERR1_LHAL31T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.420_01.000	**Instrument Variable Name:**	LHAL32N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 32 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL32T
<96> then fill "6" in LHAL32T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL32T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.420_02.000	**Instrument Variable Name:**	LHAL32T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

(LHAL32N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 32 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL32T

if (LHAL32T = 4 and LHAL32N > AGE), goto [ERR1_LHAL32T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.422_01.000	**Instrument Variable Name:** LHAL33N	**QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has Alias] had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 33 selected in LAHCA

Skip Instructions:
<1-95, D> goto LHAL33T
<96> then fill "6" in LHAL33T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL33T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.422_02.000	**Instrument Variable Name:** LHAL33T	**QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

(LHAL33N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 33 selected in LAHCA

Skip Instructions:
<1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL33T

if (LHAL33T = 4 and LHAL33N > AGE), goto [ERR1_LHAL33T]

2004 NHIS Questionnaire -   Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID:	FHS.424_01.000	Instrument Variable Name:	LHAL34N	QuestionnaireFileName:	Family

Question Text: 1 of 2

How long fill: have you/has Alias] had a knee problem?

* Enter number for time with a knee problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 34 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL34T
<96> then fill "6" in LHAL34T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL34T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.424_02.000	Instrument Variable Name:	LHAL34T	QuestionnaireFileName:	Family

Question Text: 2 of 2

* Enter time period for time with knee problem.

(LHAL34N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 34 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL34T

if (LHAL34T = 4 and LHAL34N > AGE), goto [ERR1_LHAL34T]

2004 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.426_01.000 **Instrument Variable Name:** LHAL35N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long {have you/has Alias} had migraine headaches?

* Enter number for time with migrane headaches.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 35 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL35T
<96> then fill "6" in LHAL35T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL35T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.426_02.000 **Instrument Variable Name:** LHAL35T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with migraine headaches.

(LHAL35N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 35 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL35T

if (LHAL35T = 4 and LHAL35N > AGE) , goto [ERR1_LHAL35T]

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Question ID:	FHS.450_01.000	**Instrument Variable Name:**	LHAL90N	**QuestionnaireFileName:**	Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had [fill2: LAHCA_S1]?

* Enter number for time with [fill1: LAHCA_S1].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 90 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL90T
<96> then fill "6" in LHAL90T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]

<R> store "R" in [LHAL90T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID:	FHS.450_02.000	**Instrument Variable Name:**	LHAL90T	**QuestionnaireFileName:**	Family

Question Text: 2 of 2

* Enter time period for time with [fill: LAHCA_S1].

(LHAL90N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 90 selected in LAHCA

Skip Instructions: <1-4, DK, R>
If 91 selected in LAHCA, then goto LAHCA_S2,
Else, roster through all LAHCA entries and goto appropriate LHAL##N [##= 01-35, 90, 91]
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL90T

if (LHAL90T = 4 and LHAL90N > AGE), goto [ERR1_LHAL90T]

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Family Health Status & Limitations
Document Version Date: 03-May-04

Question ID: FHS.452_01.000   **Instrument Variable Name:**   LHAL91N   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

How long [fill1: have you/has Alias] had [fill2: LAHCA_S2]?

* Enter number for time with [fill1: LAHCA_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't Know

Universe: Condition number 91 selected in LAHCA

Skip Instructions: <1-95, D> goto LHAL91T
<96> then fill "6" in LHAL91T
If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]
<R> store "R" in [LHAL91T] goto next condition in [LAHCA]
Once exhausted goto [PHSTAT]

Question ID: FHS.452_02.000   **Instrument Variable Name:**   LHAL91T   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

* Enter time period for time with [fill: LAHCA_S2].

(LHAL91N..)

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't Know

Universe: Condition number 91 selected in LAHCA

Skip Instructions: <1-4, DK, R> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT
Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT.
<6> goto ERR2_LHAL91T

if (LHAL91T = 4 and LHAL91N > AGE), goto [ERR1_LHAL91T]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 03-May-04

Question ID: FHS.500_00.000   **Instrument Variable Name:**   PHSTAT   **QuestionnaireFileName:**   Family

Question Text: Would you say [fill: your/Alias's] health in general is excellent, very good, good, fair, or poor?

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	Refused
9	Don't Know

Universe:

Skip Instructions: Repeat for all people in the household
Every family member goto next section (FIJ)

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

2004 NHIS Questionnaire - Family
Injuries & Poisoning
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Question ID: FIJ.010_00.000   **Instrument Variable Name:**   FINJ3M   **QuestionnaireFileName:**   Family

Question Text: The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: did you/did you or anyone in your family] have an injury where any part of [fill 3: your/the] body was hurt, for example, with a [fill 4: (random set of examples) cut or wound, broken bone, sprain or burn?]

  1   Yes
  2   No
  7   Refused
  9   Don't know

Universe: !Create input entry for FIJ.010_01!

Skip Instructions: <1> [if single-person family, store person number in WFINJ3M and goto TFINJ3M; else goto WFINJ3M]
<2,R,DK> [goto FPOI3M]

Question ID: FIJ.012_00.000   **Instrument Variable Name:**   WFINJ3M   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

  1   Yes
  2   No
  7   Refused
  9   Don't know

Universe:

Skip Instructions: <1-25> [All family members. Avoid duplicate; goto TFINJ3M]
<DK,R> [goto FPOI3M]

Question ID: FIJ.014_00.000   **Instrument Variable Name:**   TFINJ3M   **QuestionnaireFileName:**   Family

Question Text: DURING THE PAST THREE MONTHS, how many different times [fill 1: were you/was ALIAS] injured?

  01-91   1-91 times
  97   Refused
  99   Don't know

Universe:

Skip Instructions: <01-10,DK> [goto MFINJ3M]
<R> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

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Question ID: FIJ.016_00.000   **Instrument Variable Name:**   MFINJ3M   **QuestionnaireFileName:**   Family

Question Text: Did [fill 1: you /ALIAS] talk to or see a medical professional about [fill 2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

1	Yes
2	No
7	Refused
9	Don't know

Universe:

Skip Instructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else goto MTFINJ3M]
<2,DK,R> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M]

Question ID: FIJ.018_00.000   **Instrument Variable Name:**   MTFINJ3M   **QuestionnaireFileName:**   Family

Question Text: Of [fill 1: the ^TFINJ3M/all the] times that [fill 2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

Universe:

Skip Instructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, goto IPDATEM]
<DK, R> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M]

[If MTIFNJ3M gt 3 and TFINJ3M= DK goto ERR2_MTFINJ3M]

Question ID: FIJ.020_00.000   **Instrument Variable Name:**   FPOI3M   **QuestionnaireFileName:**   Family

Question Text: DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.

1	Yes
2	No
7	Refused
9	Don't know

Universe:

Skip Instructions: <1> [if single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,DK,R> [goto FAU.010]

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Question ID: FIJ.022_00.000   **Instrument Variable Name:**   WFPOI3M   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)
1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1-25> [All family members. Avoid duplicate; goto TFPOI3M]
<DK,R> [goto FAU.010]

Question ID: FIJ.024_00.000   **Instrument Variable Name:**   TFPOI3M   **QuestionnaireFileName:**   Family

Question Text: DURING THE PAST THREE MONTHS, how many different times [fill 1: were you/was ALIAS] poisoned? Do not include
food poisoning, sun poisoning, or poison ivy rashes.
01-91   1-91 times
97   Refused
99   Don't know

Universe:

Skip Instructions: <01-10, DK> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with reported poisoning; if
no more persons with a poisoning, goto FAU.010]
<11-91> [goto ERR_TFPOI3M]

Question ID: FIJ.026_00.000   **Instrument Variable Name:**   MFPOI3M   **QuestionnaireFileName:**   Family

Question Text: Did [fill 1: you /ALIAS] talk to or see a medical professional about [fill 2: any of these
poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?
1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else goto MTFPOI3M]
<2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a   poisoning, goto FAU.010]

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Question ID: FIJ.028_00.000   **Instrument Variable Name:**   MTFPOI3M   **QuestionnaireFileName:**   Family

Question Text: Of [fill 1: the ^TFPOI3M/all the] times that [fill 2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91   1-91 times
97   Refused
99   Don't know

Universe:

Skip Instructions: <01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
<DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto FAU.010]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:

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Question ID: FIJ.050_01.000   **Instrument Variable Name:**   IPDATEM   **QuestionnaireFileName:**   Family

Question Text: 1 of 3

(calendar card)

* Please hand the calendar card to the respondent.

When did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happen for which a medical professional was consulted?

Now I'm going to ask a few questions about the [fill 3: ^MTFINJ3M/^MTFPOI3M] times [fill 4: you were/ALIAS was] [fill 5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill 6: injury/poisoning] happen?

You just told me about [fill 7: your/ALIAS's] [fill 8: month, day of previous event] [fill11:most recent/second most recent/third most recent][fill 9: injury/poisoning]. What was the date of the [fill 10: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.
January
February
March
April
May
June
July
August
September
October
November
December
97   Refused
99   Don't know

Universe:

Skip Instructions: <01-12> [goto IPDATED]
<R> [goto IPHOW]
<DK> [goto IPDATENO]

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Question ID: FIJ.050_02.000   **Instrument Variable Name:**   IPDATED   **QuestionnaireFileName:**   Family

Question Text: 2 of 3

	* Enter day.
01-31	1-31
97	Refused
99	Don't know

Universe:

Skip Instructions: <01-31> [goto IPDATEY]
<R>[goto IPHOW]
<DK> [goto IPDATEMT]

Question ID: FIJ.050_03.000   **Instrument Variable Name:**   IPDATEY   **QuestionnaireFileName:**   Family

Question Text: 3 of 3

	* Enter year.
2003	2003
2004	2004
9997	Refused
9999	Don't know

Universe:

Skip Instructions: If IPDATEM, IPDATED and IPDATEY result in a future date; then goto ERR_IPDATEY.

If IPDATEM, IPDATED and IPDATEY result in a date before the 91 day reference period, then goto ERR1_IPDATEY.

[goto IPHOW]

Question ID: FIJ.051_01.000   **Instrument Variable Name:**   IPDATENO   **QuestionnaireFileName:**   Family

Question Text: 1 of 2

Can you tell me approximately how long ago [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happened?

	*Enter number for time since event.
01-91	1-91
97	Refused
99	Don't know

Universe:

Skip Instructions: <01-91> [goto IPDATETP]
<DK,R> [goto IPHOW]

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Question ID: FIJ.051_02.000   **Instrument Variable Name:**   IPDATETP   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

*Enter number for time period since event.

^IPDATENO…
1   Days
2   Weeks
3   Months
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,3,R,DK> [goto IPHOW]

Question ID: FIJ.052_00.000   **Instrument Variable Name:**   IPDATEMT   **QuestionnaireFileName:**   Family

Question Text: (book) F3

Was this in the beginning of [fill 1: ^IPDATEM (text)], the middle of [fill 2: ^IPDATEM (text)], or the end of [fill 3: ^IPDATEM (text)]?
1   Beginning
2   Middle
3   End
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,3,R,DK> [gotoIPHOW]

Question ID: FIJ.060_00.000   **Instrument Variable Name:**   IPHOW   **QuestionnaireFileName:**   Family

Question Text: [fill 7: How did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] on [fill 3: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?] [fill 5: How did this [fill 6: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill 4: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including
  specifically what the person was doing at the time and all circumstances surrounding the
  event. Record all volunteered information.
7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe:

Skip Instructions: <allow 300, anychar> [if injury, goto ICAUS; else, if poisoning, goto PPCC]
<R> [if injury, auto fill "R" for ICAUS and goto IJBODY; else, if poisoning, goto PPCC]
<DK> [if injury, auto fill "DK" for ICAUS and goto IJBODY; else, if poisoning, goto PPCC]

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Question ID: FIJ.065_00.000   **Instrument Variable Name:**   ICAUS   **QuestionnaireFileName:**   Family

Question Text: * Do not read.

* Enter the number which best describes the cause of the person's injury from the list below.
In a motor vehicle
On a bike, scooter, skateboard, skates, skis, horse, etc.
Pedestrian who was struck by a vehicle such as a car or bicycle
In a boat, train, or plane
Fall
Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
Other
97   Refused
99   Don't know

Universe:

Skip Instructions: <01-07,R,DK> [goto IJBODY]

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Question ID: FIJ.070_00.000   **Instrument Variable Name:**   IJBODY   **QuestionnaireFileName:**   Family

Question Text: (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

In this injury, what parts of [fill 1: your/ALIAS's] body were hurt?
Head (not face)
Neck
Shoulder
Upper arm
Elbow
Forearm
Wrist
Hand
Finger
Chest
Stomach
Groin
Back
Buttocks
Hip
Thigh
Knee
Lower leg
Ankle
Foot
Toe
Eye
Ear
Nose
Mouth
Teeth
Jaw
Face
Other, specify
97   Refused
99   Don't know

Universe: All injury episodes for which a medical professional was consulted

Skip Instructions: <01-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<DK,R> goto IPEV

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Question ID: FIJ.071_00.000   **Instrument Variable Name:**   IJBODYOS   **QuestionnaireFileName:**   Family

Question Text: *Read if necessary.

What other parts of the body were hurt?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All injury episodes where some "other" part of the body was hurt

Skip Instructions: <allow 100, anychar>[goto IJTYPE1]
<R, DK> [goto IJTYPE1]

Question ID: FIJ.072_00.000   **Instrument Variable Name:**   IJTYPE1   **QuestionnaireFileName:**   Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill 1: your/ALIAS's] [fill 2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?
Broken bone or fracture
Sprain, strain, or twist
Cut
Scrape
Bruise
Burn
Insect bite
Animal bite
Other, specify
97   Refused
99   Don't know

Universe: All injury episodes where at least one part of the body was hurt

Skip Instructions: <01-08, D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

Question ID: FIJ.073_00.000   **Instrument Variable Name:**   IJTYP1OS   **QuestionnaireFileName:**   Family

Question Text: * Read if necessary.

How was [fill 1: your/ALIAS's] [fill 2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?
7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All injury episodes where the first body part was hurt in some "other" way

Skip Instructions: <allow 100, anychar> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]
<R,D> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]

Question ID:	FIJ.074_00.000	Instrument Variable Name:	IJTYPE2	QuestionnaireFileName:	Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill 1: your/ALIAS's] [fill 2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?
Broken bone or fracture
Sprain, strain, or twist
Cut
Scrape
Bruise
Burn
Insect bite
Animal bite
Other, specify

97	Refused
99	Don't know

Universe: All injury episodes where a second body part was entered at IJBODY and type of injury or don't know was entered for the first body part at IJTYPE1

Skip Instructions: <01-08, D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

Question ID:	FIJ.075_00.000	Instrument Variable Name:	IJTYP2OS	QuestionnaireFileName:	Family

Question Text: * Read if necessary.

How else was [fill 1: your/ALIAS's] [fill 2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All injury episodes where the second body part was hurt in some "other" way

Skip Instructions: <allow 100, anychar> [goto IJTYPE3 for next body part; if no more body parts, goto IPEV]
<R,D> [goto IJTYPE3 for next body part; if no more body parts, goto IPEV]

Question ID: FIJ.076_00.000   **Instrument Variable Name:** IJTYPE3   **QuestionnaireFileName:** Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill 1: your/ALIAS's] [fill 2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?
Broken bone or fracture
Sprain, strain, or twist
Cut
Scrape
Bruise
Burn
Insect bite
Animal bite
Other, specify

97 Refused
99 Don't know

Universe: All injury episodes where a third body part was entered at IJBODY and type of injury or don't know was entered for the second body part at IJTYPE2

Skip Instructions: <01-08, D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

Question ID: FIJ.077_00.000   **Instrument Variable Name:** IJTYP3OS   **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

How else was [fill 1: your/ALIAS's] [fill 2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All injury episodes where the third body part was hurt in some "other" way

Skip Instructions: <allow 100, anychar> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV]
<R,D> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV]

Question ID: FIJ.078_00.000   **Instrument Variable Name:**   IJTYPE4   **QuestionnaireFileName:**   Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill 1: your/ALIAS's] [fill 2: fourtht entry--^IJBODY (text) or ^IJBODYOS] hurt?
Broken bone or fracture
Sprain, strain, or twist
Cut
Scrape
Bruise
Burn
Insect bite
Animal bite
Other, specify

97   Refused
99   Don't know

Universe: All injury episodes where a fourth body part was entered at IJBODY and type of injury or don't know was entered for the third body part at IJTYPE3

Skip Instructions: <01-08,D,R> [goto IPEV]
<09> [goto IJTYP4OS]

Question ID: FIJ.079_00.000   **Instrument Variable Name:**   IJTYP4OS   **QuestionnaireFileName:**   Family

Question Text: * Read if necessary.

How else was [fill 1: your/ALIAS's] [fill 2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?
7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All injury episodes where the fourth body part was hurt in some "other" way

Skip Instructions: <allow 100, anychar> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]
<R,D> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]

Question ID: FIJ.080_01.000   **Instrument Variable Name:**   PPCC   **QuestionnaireFileName:**   Family

Question Text: Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?
1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,DK> [goto IPEV] <R> [goto IPHOSP]

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Question ID: FIJ.080_02.000   **Instrument Variable Name:**   IPEV   **QuestionnaireFileName:**   Family

Question Text: * Read lead-in if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,DK> [goto IPER] <R> [goto IPHOSP]

Question ID: FIJ.080_03.000   **Instrument Variable Name:**   IPER   **QuestionnaireFileName:**   Family

Question Text: * Read lead-in if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning]?

A visit to an emergency room

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,DK> [goto IPDO] <R> [goto IPHOSP]

Question ID: FIJ.080_04.000   **Instrument Variable Name:**   IPDO   **QuestionnaireFileName:**   Family

Question Text: * Read lead-in if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning]?

A visit to a doctor's office or other health clinic

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,DK> [goto IPPCHCP] <R> [goto IPHOSP]

Question ID: FIJ.080_05.000	**Instrument Variable Name:** IPPCHCP	**QuestionnaireFileName:** Family	

Question Text: * Read lead-in if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP
CARE for this [fill 2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,DK> [goto IPOTH] <R> [goto IPHOSP]

Question ID: FIJ.080_06.000	**Instrument Variable Name:** IPOTH	**QuestionnaireFileName:** Family	

Question Text: * Read lead-in if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP
CARE for this [fill 2: injury/poisoning]?

Any place else?

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1> [goto IPOTHOS]
       if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
        <2,R,DK> [goto IPHOSP]

Question ID: FIJ.081_00.000	**Instrument Variable Name:** IPOTHOS	**QuestionnaireFileName:** Family	

Question Text: * Read lead-in if necessary.

Where else did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2:
injury/poisoning]?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe:

Skip Instructions: <allow 100, any char>[goto IPHOSP]

Question ID:	FIJ.082_00.000	**Instrument Variable Name:**	IPVER	**QuestionnaireFileName:**	Family

Question Text: * Please verify.

[fill 1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill 2: injury/poisoning]. Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

Universe:

Skip Instructions: <1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to FIJ.020/FAU.010.]
<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

Question ID:	FIJ.090_00.000	**Instrument Variable Name:**	IPHOSP	**QuestionnaireFileName:**	Family

Question Text: [fill 1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill 2: injury/poisoning]?

1	Yes
2	No
7	Refused
9	Don't know

Universe:

Skip Instructions: <1> [goto IPIHNO]
<2,R,DK> [if injury episode, goto IMTRAF; if poisoning episode, goto PPOIS]

Question ID:	FIJ.091_00.000	**Instrument Variable Name:**	IPIHNO	**QuestionnaireFileName:**	Family

Question Text: How many nights [fill 1: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

01-94	1-94 nights
95	95+ nights
97	Refused
99	Don't know

Universe:

Skip Instructions: <01-60,R,DK> [if ICAUS eq 01 or 02 or 03, goto IMTRAF]
if ICAUS eq 04 or 06 or 07 or R, or DK, goto IPWHAT]
if ICAUS eq 05, goto IFALL]]
<61-95> [goto ERR_IPIHNO]

Question ID: FIJ.109_00.000   **Instrument Variable Name:** IMTRAF   **QuestionnaireFileName:** Family

Question Text: * Ask or verify.

Did this accident occur on a public highway, street, or road?

1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,R DK> [goto IMVWHO]

Question ID: FIJ.110_00.000   **Instrument Variable Name:** IMVWHO   **QuestionnaireFileName:** Family

Question Text: *FR read all categories.

* Ask or verify.

[fill 1: Were you/Was ALIAS] injured as:

* Read answer categories.

1   The driver of a motor vehicle
2   A passenger in a motor vehicle
3   A pedestrian
4   A bicycle rider or tricycle rider
5   The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2> [goto IMVTYP] <4,5> [goto IHELMT] <3,R,DK> [goto IPWHAT]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

Question ID:	FIJ.111_00.000	**Instrument Variable Name:**	IMVTYP	**QuestionnaireFileName:**	Family

Question Text: (book) F6

* Ask or verify.

What type of vehicle [fill 1: were you/was ALIAS] in?
Passenger car
Passenger truck, such as a pickup truck, van, or SUV
Bus
Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
Motorcycle (including mopeds and minibikes)
All terrain vehicle or ski/snow-mobile
Farm equipment (such as a tractor)
Industrial or construction vehicle
Other
97   Refused
99   Don't know

Universe:

Skip Instructions: <01,02,04> [goto ISBELT] <05,06> [goto IHELMT] <03,07,08,09,R,DK> [goto IPWHAT]

Question ID:	FIJ.112_00.000	**Instrument Variable Name:**	ISBELT	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify.

[fill 1: Were you/Was ALIAS] restrained at the time of the accident?
1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,R,DK> [goto IPWHAT]

Question ID:	FIJ.113_00.000	**Instrument Variable Name:**	IHELMT	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify.

[fill 1: Were you/Was ALIAS] wearing a helmet at the time of the accident?
1   Yes
2   No
7   Refused
9   Don't know

Universe:

Skip Instructions: <1,2,R,DK> [goto IPWHAT]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

Question ID:	FIJ.130_00.000	**Instrument Variable Name:**	IFALL	**QuestionnaireFileName:**	Family

Question Text: (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill 1: you/ALIAS] fall? Anything else?
Stairs, steps, or escalator
Floor or level ground
Curb (including sidewalk)
Ladder or scaffolding
Playground equipment
Sports field, court, or rink
Building or other structure
Chair, bed, sofa, or other furniture
Bathtub, shower, toilet, or commode
Hole or other opening
Other
97   Refused
99   Don't know

Universe:

Skip Instructions: <01-11,R,DK> [goto IFALLWHY]

Question ID:	FIJ.131_00.000	**Instrument Variable Name:**	IFALLWHY	**QuestionnaireFileName:**	Family

Question Text: (book) F8

* Ask or verify.

What caused [fill 1: you/ALIAS] to fall?
Slipping or tripping
Jumping or diving
Bumping into an object or another person
Being shoved or pushed by another person
Losing balance or having dizziness (becoming faint or having a seizure)
Other
Refused
9   Don't know

Universe:

Skip Instructions: <1-6,R,DK> [goto IPWHAT]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

| **Question ID:** FIJ.140_00.000 | **Instrument Variable Name:** PPOIS | **QuestionnaireFileName:** Family |

Question Text:

(book) F9

* Ask or verify.

What did [fill 1: your/ALIAS's] poisoning result from?
Swallowing a drug or medical substance mistakenly or in overdose
Swallowing or touching a harmful solid or liquid substance
Inhaling harmful gases or vapors
Eating a poisonous plant or other substance mistaken for food
Being bitten by a poisonous animal
Other, please specify
Refused
9 Don't know

Universe:

Skip Instructions: <1-5,R,DK> [goto IPWHAT] <6> [goto PPOISOS]

| **Question ID:** FIJ.141_00.000 | **Instrument Variable Name:** PPOISOS | **QuestionnaireFileName:** Family |

Question Text:

* Read if necessary.

How did [fill 1: your/ALIAS's] poisoning occur?
7 Refused
9 Don't know
Verbatim Verbatim Response

Universe:

Skip Instructions: <allow 300, any chara> [goto IPWHAT]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

Question ID: FIJ.150_00.000   **Instrument Variable Name:**   IPWHAT   **QuestionnaireFileName:**   Family

Question Text: (book) F10

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

What activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?
Driving or riding in a motor vehicle
Working at a paid job
Working around the house or yard
Attending school
Unpaid work (such as volunteer work)
Sports and exercise
Leisure activity (excluding sports)
Sleeping, resting, eating, or drinking
Cooking
Being cared for (hands-on care from other person)
Other, please specify

97	Refused
99	Don't know

Universe:

Skip Instructions: <01-10,R,DK> [goto IPWHER] <11> [goto IPWHATOT]

Question ID: FIJ.151_00.000   **Instrument Variable Name:**   IPWHATOT   **QuestionnaireFileName:**   Family

Question Text: * Read if necessary.

What other activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe:

Skip Instructions: <allow 300, anychar> [goto IPWHER]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

Question ID:	FIJ.160_00.000	**Instrument Variable Name:**	IPWHER	**QuestionnaireFileName:**	Family

Question Text: (book) F11

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

Where [fill 1: were you/was ALIAS] when the [fill 2: injury/poisoning] happened?
Home (inside)
Home (outside)
School (not residential)
Child care center or preschool
Residential institution (excluding hospital)
Health care facility (including hospital)
Street or highway
Sidewalk
Parking lot
Sport facility, athletic field, or playground
Shopping center, restaurant, store, bank, gas station, or other place of business
Farm
Park or recreation area (include bike or jog path)
River, lake, stream, or ocean
Industrial or construction area
Other public building
Other

97	Refused
99	Don't know

Universe:

Skip Instructions: <01-17,R,DK> [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM
for that person; else if AGE lt 5 and person DOES NOT HAVE more
injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an
injury/poisoning; else if AGE lt 5 and no more family members with an
injury/poisoning, go to FPOI3M/FAU.010;
Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

Question ID:	FIJ.170_00.000	**Instrument Variable Name:**	IPEMP	**QuestionnaireFileName:**	Family

Question Text: At the time of this [fill 1: injury/poisoning], [fill 2: were you/was ALIAS] employed full-time, part-time, or not employed?

1	Full-time
2	Part-time
3	Not employed
7	Refused
9	Don't know

Universe:

Skip Instructions: <1,2> [goto IPWKLS] <3,R,DK> [goto IPSTU]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 03-May-04

Question ID: FIJ.171_00.000 **Instrument Variable Name:** IPWKLS **QuestionnaireFileName:** Family

Question Text: As a result of this [fill 1: injury/poisoning], how many days of work did [fill 2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

Universe:

Skip Instructions: <1-4,R,DK> [goto IPSTU]

Question ID: FIJ.180_00.000 **Instrument Variable Name:** IPSTU **QuestionnaireFileName:** Family

Question Text: At the time of this [fill 1: injury/poisoning], [fill 2: were you/was ALIAS] a full-time student, part-time student or not a student?

1	Full-time
2	Part-time
3	Not a student
7	Refused
9	Don't know

Universe:

Skip Instructions: <1,2> [goto IPSCLS] <3,7,9> [goto FAU.010]

Question ID: FIJ.181_00.000 **Instrument Variable Name:** IPSCLS **QuestionnaireFileName:** Family

Question Text: As a result of this [fill 1: injury/poisoning], how many days of school did [fill 2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

Universe:

Skip Instructions: <1-4,R,DK> [goto FAU.010]
[If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else
if person DOES NOT HAVE more injury/poisoning episodes, goto
TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family
members with an injury/poisoning, goto FPOI3M/FAU.010]

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 03-May-04

Question ID: FAU.010_00.000 **Instrument Variable Name:** FDMED12M **QuestionnaireFileName:** Family

Question Text: The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill1: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M]
<2,D,R> goto FNMED12M

Question ID: FAU.020_00.000 **Instrument Variable Name:** PDMED12M **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

For which family member was medical care delayed?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: 1+ Persons had medical care delayed due to worry about cost during past 12 months

Skip Instructions: goto FNMED12M

Question ID: FAU.030_00.000 **Instrument Variable Name:** FNMED12M **QuestionnaireFileName:** Family

Question Text: DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PNMED12M, goto FHOSPYR; else, goto PNMED12M]
<2,D,R> goto FHOSPYR

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 03-May-04

Question ID: FAU.040_00.000   **Instrument Variable Name:**   PNMED12M   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who didn't get needed care?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

Universe: 1+ Persons didn't get med care due to cost during the past 12 months

Skip Instructions: go to FHOSPYR

Question ID: FAU.050_00.000   **Instrument Variable Name:**   FHOSPYR   **QuestionnaireFileName:**   Family

Question Text: DURING THE PAST 12 MONTHS [fill1: were you/ was anyone in the family] a patient in a hospital OVERNIGHT? Do not include an overnight stay in the emergency room.

[fill2: Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.]

1   Yes
2   No
7   Refused
9   Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PHOSPYR
goto HOSPNO; Else,goto PHOSPYR]
<2,D,R> goto FHCHM2W

Question ID: FAU.060_00.000   **Instrument Variable Name:**   PHOSPYR   **QuestionnaireFileName:**   Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who was in a hospital overnight?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

Universe: 1+ Persons who were patients in a hospital OVERNIGHT during past 12 months (Excl. ER)

Skip Instructions: Go to HOSPNO.

2004 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 03-May-04

Question ID: FAU.070_00.000   **Instrument Variable Name:**   HOSPNO   **QuestionnaireFileName:**   Family

Question Text: How many different times did [fill: you/Alias] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

001-365	1-365 times
997	Refused
999	Don't know

Universe: Persons who stayed overnight in a hospital during past 12 months (Excl. ER)

Skip Instructions: <1-10> goto HPNITE <11-365> goto ERR_HOSPNO
<D,R> goto HPNITE

Question ID: FAU.110_00.000   **Instrument Variable Name:**   HPNITE   **QuestionnaireFileName:**   Family

Question Text: Altogether how many nights [fill1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS?

001-365	1-365 nights
997	Refused
999	Don't know

Universe: Persons who stayed overnight in a hospital during past 12 months (Excl. ER)

Skip Instructions: <1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W]
<51-365> goto ERR1_HPNITE

[if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2_HPNITE once exhausted move to FHCM2W

Question ID: FAU.120_00.000   **Instrument Variable Name:**   FHCHM2W   **QuestionnaireFileName:**   Family

Question Text: * Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did [fill: you/anyone in the family] receive care
AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PHCHM2W
goto PHCHMN2W; Else, goto PHCHM2W]
<2,D,R> [goto FHCPH2W]

2004 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 03-May-04

Question ID: FAU.130_00.000   **Instrument Variable Name:**   PHCHM2W   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care at home?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: 1+ Persons received care AT HOME from hlth care professional during the past 2 weeks

Skip Instructions: go to PHCHMN2W

Question ID: FAU.140_00.000   **Instrument Variable Name:**   PHCHMN2W   **QuestionnaireFileName:**   Family

Question Text: How many home visits did [fill: you/ Alias] receive during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50	1-50 home visits
97	Refused
99	Don't know

Universe: Persons who received care AT HOME from health care professional during the past 2 weeks (excl. dental care)

Skip Instructions: <1-14> [goto FHCPH2W] <15-50> [goto ERR_PHCPHMN2W]
<D,R> [goto FHCPH2W]

Question ID: FAU.150_00.000   **Instrument Variable Name:**   FHCPH2W   **QuestionnaireFileName:**   Family

Question Text: During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PHCPH2W
goto PHCPHN2W; Else, goto PHCPH2W]
<2,D,R> [goto FHCDV2W]

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 03-May-04

Question ID: FAU.160_00.000   **Instrument Variable Name:**   PHCPH2W   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was the phone call about?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: 1+ Persons for whom medical advise or test results were received over the phone from a health care professional during the past 2 weeks (exclude calls for appointments, billing questions, or prescription medicines)

Skip Instructions: go to PHCPHN2W

Question ID: FAU.170_00.000   **Instrument Variable Name:**   PHCPHN2W   **QuestionnaireFileName:**   Family

Question Text: During those 2 WEEKS, how many telephone calls

[fill1: did you make?]
[fill2: were made about [fill: Alias]?]

* Enter '50' for 50 or more phone calls.

01-50	1-50 calls
97	Refused
99	Don't know

Universe: Persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (exclude calls for appointments, billing questions, or prescription refills)

Skip Instructions: <1-14> [goto FHCDV2W] <15-50> [goto ERR_PHCPHN2W]
<D,R> [goto FHCDV2W]

Question ID: FAU.180_00.000   **Instrument Variable Name:**   FHCDV2W   **QuestionnaireFileName:**   Family

Question Text: During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in PHCDV2W
goto PHCDVN2W; Else, goto PHCDV2W]
<2,D,R> [goto F10DVYR]

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 03-May-04

Question ID: FAU.190_00.000   **Instrument Variable Name:**   PHCDV2W   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.
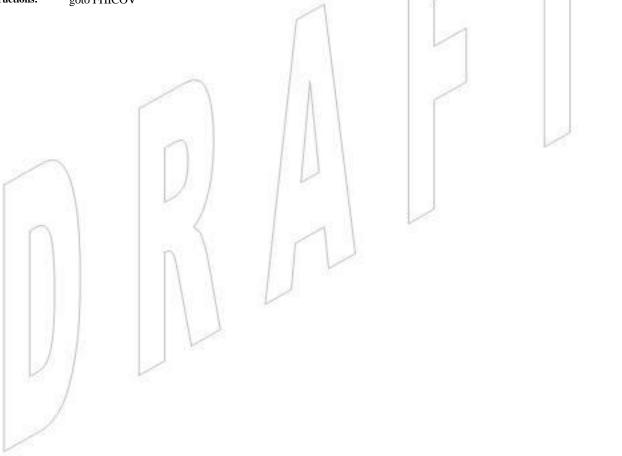
Who received care?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: 1+ Persons who saw a health care professional in office, etc. during past 2 weeks (exclude visits during overnight hospital stays)

Skip Instructions: goto PHCDVN2W

Question ID: FAU.200_00.000   **Instrument Variable Name:**   PHCDVN2W   **QuestionnaireFileName:**   Family

Question Text: How many times did [fill: you/ Alias] visit a doctor or other health care professional during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50	1-50 times
97	Refused
99	Don't know

Universe: Persons who had a visit to a health care professional during past 2 weeks (excl. Visits during overnight hospital stays)

Skip Instructions: <1-14> [goto F10DVYR] <15-50> [goto ERR_PHCDVN2W]
<D,R> [goto F10DVYR]

Question ID: FAU.210_00.000   **Instrument Variable Name:**   F10DVYR   **QuestionnaireFileName:**   Family

Question Text: During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store the person number in P10DVYR
goto FHICOV; Else, goto P10DVYR]
<2,D,R> [goto FHICOV] next section

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 03-May-04

Question ID: FAU.220_00.000   **Instrument Variable Name:**   P10DVYR   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care 10 or more times?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

Universe: 1+ Persons received care 10 or more times from health care professional during past 12 months (exclude telephone calls)

Skip Instructions: goto FHICOV

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.050_00.000   **Instrument Variable Name:**   FHICOV   **QuestionnaireFileName:**   Family

Question Text:

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill 1:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1, D, R> [goto HIKIND]
<2> [goto SINCOV]

Question ID: FHI.070_00.000   **Instrument Variable Name:**   HIKIND   **QuestionnaireFileName:**   Family

Question Text: (book) F12 and (book) F13   ? [F1]

What kind of health insurance or health care coverage [fill 1] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.
Private health insurance
Medicare
Medi-Gap
Medicaid
SCHIP (CHIP/Children's Health Insurance Program)
Military health care (TRICARE/VA/CHAMP-VA)
Indian Health Service
State-sponsored health plan
Other government program
Single service plan (e.g., dental, vision, prescriptions)
No coverage of any type

97	Refused
99	Don't know

Universe: All persons in the family where FHICOV= yes, Don't Know or Refused for that family

Skip Instructions: <D,R> [goto HCSPFYR]
<1-10> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE]
<11> [if HIKIND = 1-10, goto ERR_HIKIND; else goto HICHANGE]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.074_00.000   **Instrument Variable Name:**   SINCOV   **QuestionnaireFileName:**   Family

Question Text: [fill 1: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

    1   Yes
    2   No
    7   Refused
    9   Don't know

Universe: All persons in the family where FHICOV is no, or where HIKIND is not equal to single service plan for that person

Skip Instructions: <1,2,D,R> [goto HICHANGE]

Question ID: FHI.075_00.000   **Instrument Variable Name:**   HICHANGE   **QuestionnaireFileName:**   Family

Question Text: I have recorded [fill 1:you are/ALIAS is] [fill 2: covered by:/not covered by health insurance.]

    [fill 3:^HIKIND]

    Is this correct?
    1   Yes
    2   No
    7   Refused
    9   Don't know

Universe: All persons

Skip Instructions: [1, D, R] goto next person;
                [2] goto ERR_HICHANGE

Question ID: FHI.080_01.000   **Instrument Variable Name:**   MCNO   **QuestionnaireFileName:**   Family

Question Text: 1 of 2   ? [F1]

    I recorded that you are covered by Medicare. May I please see your Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?

    *Enter the claim number from the card.

    This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

    * Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242K.

    0-999999996   0-999999996
    999999997   Refused
    999999999   Don't Know

Universe: Only asked if you are talking to the respondent and the respondent has Medicare

Skip Instructions: D, R, goto MCPART, else goto MCLET

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Question ID: FHI.080_02.000   **Instrument Variable Name:**   MCLET   **QuestionnaireFileName:**   Family

Question Text: 2 of 2

*Enter the letters that appear after the claim number.

2 letters
97   Refused
99   Don't Know

Universe: Only asked if you are talking to the respondent and the respondent has Medicare and did not answer refused or don't know at MCNO

Skip Instructions: Goto MCPART

Question ID: FHI.090_00.000   **Instrument Variable Name:**   MCPART   **QuestionnaireFileName:**   Family

Question Text: (Fill 1]

* Fill in appropriate coverage type below.
1   Part A - Hospital only
2   Part B - Medical only
3   Both Part A and Part B
7   Refused
9   Don't Know

Universe: All persons with Medicare chosen at HIKIND

Skip Instructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2", goto MCCHOICE]

Question ID: FHI.092_00.000   **Instrument Variable Name:**   MCCARD   **QuestionnaireFileName:**   Family

Question Text: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1   Yes
2   No

Universe: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

Skip Instructions: <1,2> [If MCPART = 1, goto MCRXCARD; else if MCPART = 2, 3, R, or D, goto MCCHOICE]

Question ID: FHI.095_00.000   **Instrument Variable Name:**   MCCHOICE   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

[fill 1] enrolled in a Medicare Plus Choice plan or option?
1   Yes
2   No
7   Refused
9   Don't Know

Universe: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Skip Instructions: goto MCHMO

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Question ID:	FHI.100_00.000	**Instrument Variable Name:**	MCHMO	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

[fill 1:Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

  1   Yes
  2   No
  7   Refused
  9   Don't Know

Universe: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Skip Instructions: 1 [goto MCNAME]
2, D, R [goto MCREF]

Question ID:	FHI.110_00.000	**Instrument Variable Name:**	MCNAME	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

What is the name of the HMO?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

  7   Refused
  9   Don't know
  Verbatim   Verbatim Response

Universe: All persons with MCHMO = yes

Skip Instructions: goto MCREF

Question ID:	FHI.114_00.000	**Instrument Variable Name:**	MCREF	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

Under [fill 1] Medicare plan, if [fill 2:] to go to a different doctor or place for special care, [fill 3:] need approval or a referral? Do not include emergency care.

  1   Yes
  2   No
  7   Refused
  9   Don't Know

Universe: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Skip Instructions: goto MCPAYPRE

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Question ID:	FHI.116_00.000	**Instrument Variable Name:**	MCPAYPRE	**QuestionnaireFileName:**	Family

Question Text: Besides [fill 1] Medicare insurance, [fill 2] paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Skip Instructions: Goto MCRXCARD

Question ID:	FHI.118_00.000	**Instrument Variable Name:**	MCRXCARD	**QuestionnaireFileName:**	Family

Question Text: [Fill 1: Are you/Is ALIAS] enrolled in a Medicare Prescription Drug Discount Card Endorsement Program?

 * Read if necessary: [Fill 2: Do you/Does ALIAS] have a prescription drug discount card

1   Yes
2   No
7   Refused
9   Don't know

Universe: All persons with Medicare

Skip Instructions:

Question ID:	FHI.120_00.000	**Instrument Variable Name:**	MACHMD	**QuestionnaireFileName:**	Family

Question Text: (book F13)   ? [F1]

* Refer to flashcard F13 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (fill State Name). [fill 2:you are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4:you/he/she] choose from a book or list of doctors or is a doctor assigned?

1   Any doctor
2   Select from book/list
3   Doctor is assigned
7   Refused
9   Don't Know

Universe: All persons with Medicaid coverage

Skip Instructions: 1,R,D [goto MAPCMD]
2 [goto MACHMD1]
3 [goto MACHMD2]

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Question ID:	FHI.130_00.000	**Instrument Variable Name:**	MACHMD1	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify.

What is the name of the health plan that provided the book or list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: Persons with Medicaid who must select a doctor from a book or list of doctors

Skip Instructions: goto MANAM

Question ID:	FHI.131_00.000	**Instrument Variable Name:**	MACHMD2	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify.

What is the name of the health plan that assigned the doctor?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: Persons with Medicaid for whom a doctor is assigned

Skip Instructions: goto MANAM

Question ID:	FHI.132_00.000	**Instrument Variable Name:**	MANAM	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?

1   Yes
2   No

Universe: Persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

Skip Instructions: 1, 2 goto MAPCMD

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Question ID: FHI.140_00.000   **Instrument Variable Name:** MAPCMD   **QuestionnaireFileName:** Family

Question Text: [fill 1] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill 2] must go to for all of [fill 3] routine care? Do not include emergency care or care from a specialist [fill 4] referred to.

1	Yes
2	No
7	Refused
9	Don't Know

Universe: All persons with Medicaid

Skip Instructions: goto MAREF

Question ID: FHI.150_00.000   **Instrument Variable Name:** MAREF   **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill 1] Medicaid plan, if [fill 2] to go to a different doctor or place for special care, [fill 3] need approval or a referral? Do not include emergency care.

1	Yes
2	No
7	Refused
9	Don't Know

Universe: All persons with Medicaid

Skip Instructions: loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions.

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Question ID:	FHI.156_00.000	**Instrument Variable Name:**	SSTYPE2	**QuestionnaireFileName:**	Family

Question Text: (book) F14

* Enter all that apply, separate with commas.

You mentioned that [fill 1] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2] single service plan or plans pay for?
 Accidents
 AIDS care
 Cancer treatment
 Catastrophic care
 Dental care
 Disability insurance
 Hospice care
 Hospitalization only
 Long-term care
 Prescriptions
 Vision care
 Other (specify)

97	Refused
99	Don't Know

Universe: All persons with single service plans

Skip Instructions: 1-11, D, R roster through for all people with single service plans, then goto next appropriate question
12 goto SSOTHER

Question ID:	FHI.157_00.000	**Instrument Variable Name:**	SSOTHER	**QuestionnaireFileName:**	Family

Question Text: * Other type of single-service plan

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: Persons with "Other" Single service plan

Skip Instructions: if other persons with single service plan, goto SSTYPE2 until roster is exhausted. Else goto next appropriate group of questions.

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Question ID: FHI.158_00.000 **Instrument Variable Name:** FHICCI6 **QuestionnaireFileName:** Family

Question Text: The next questions are about private health insurance plans[fill 2: including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[Fill 1: We have the following persons listed as being covered by such plans:

* Read names.
(Display roster of persons covered by private health insurance plans.)]

* Enter 1 to continue

1   Continue

Universe: All families with at least one person with private health insurance

Skip Instructions: goto HIPNAM1

Question ID: FHI.160_00.000 **Instrument Variable Name:** HIPNAM1 **QuestionnaireFileName:** Family

Question Text: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All families with at least one person with private health insurance

Skip Instructions: R, D [prefill PCARD1 with a "2", goto HIPNAM1B]
else goto PCARD1

Question ID: FHI.160_01.000 **Instrument Variable Name:** PCARD1 **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1   Yes
2   No

Universe: Health plan name was collected in HIPNAM1

Skip Instructions: goto HIPNAM1B

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Question ID:	FHI.170_00.000	**Instrument Variable Name:**	HIPNAM1B	**QuestionnaireFileName:**	Family

Question Text:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

Universe: Health plan name was collected in HIPNAM1 or HIPNAM1 refused or don't know

Skip Instructions: D, R [if HIPNAM1= D, R, goto STNAME to see if the family fits into the universe for that question.]
else, goto MORPLAN

Question ID:	FHI.171_00.000	**Instrument Variable Name:**	MORPLAN	**QuestionnaireFileName:**	Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?
1 Yes
2 No
7 Refused
9 Don't Know

Universe: Health plan name was collected in HIPNAM1 or a person number was collected in HIPNAM_B

Skip Instructions: 1 [goto HIPNAM2]
2, D, R [(If no persons listed in HIPNAM1B goto FHICCI8); else
(If persons listed in HIPNAM1B, but not all persons with HIKIND = 1 or 3 listed in
HIPNAM1B, goto HIVER1)]

Question ID:	FHI.172_00.000	**Instrument Variable Name:**	HIPNAM2	**QuestionnaireFileName:**	Family

Question Text: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?
7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All families with a second private health insurance plan

Skip Instructions: D, R [prefill PCARD2 with a "2", goto HIPNAM2B]
else goto PCARD2

Question ID: FHI.172_01.000   **Instrument Variable Name:** PCARD2   **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

Universe: Health plan name was recorded in HIPNAM2

Skip Instructions: goto HIPNAM2B

Question ID: FHI.173_00.000   **Instrument Variable Name:** HIPNAM2B   **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1	Yes
2	No
7	Refused
9	Don't know

Universe: Health plan name was collected in HIPNAM2 or HIPNAM2 = D, R

Skip Instructions: D,R [if HIPNAM2 eq D or R and persons listed in HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto HIVER1;
    else if HIPNAM2 eq D or R and persons listed in HIPNAM1B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto FHICCI8;
    else if HIPNAM2 eq D or R and persons not listed in HIPNAM1B, goto FHICCI8;
    else if health plan name recorded in HIPNAM2, goto MORPLAN2]
    else goto MORPLAN2

Question ID: FHI.174_00.000   **Instrument Variable Name:** MORPLAN2   **QuestionnaireFileName:** Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't Know

Universe: Health plan name was collected in HIPNAM2 or a person number was collected in HIPNAM2B

Skip Instructions: 1 [goto HIPNAM3]
2, D, R [if persons listed in HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM2B or HIPNAM1B, goto HIVER1;
    else goto FHICCI8]

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Question ID: FHI.175_00.000   **Instrument Variable Name:** HIPNAM3   **QuestionnaireFileName:** Family

Question Text: What is the name of the next plan?

    *Read if necessary: Do you have a health plan card or something with the plan name on it?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All families with a third private health insurance plan

Skip Instructions: D,R [prefill PCARD3 with a "2", goto HIPNAM3B]
     else goto PCARD3

Question ID: FHI.175_01.000   **Instrument Variable Name:** PCARD3   **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1   Yes
2   No

Universe: Health plan name was recorded in HIPNAM3

Skip Instructions: goto HIPNAM3B

Question ID: FHI.176_00.000   **Instrument Variable Name:** HIPNAM3B   **QuestionnaireFileName:** Family

Question Text:

    * Ask or verify. Enter all that apply, separate with commas.

    Which family members are covered by that plan?

    * Indicate each family member covered by this plan.

1   Yes
2   No
7   Refused
9   Don't know

Universe: Health plan name was collected in HIPNAM3 or HIPNAM3 don't know or refused

Skip Instructions: D,R[if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto HIVER1;
     else if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto FHICCI8;
     else if NEXTPNM2 eq D or R and persons not listed in HIPNAM1B and HIPNAM2B, goto FHICCI8;
     else if health plan name recorded in HIPNAM3, goto MORPLAN3]

    else goto MORPLAN3

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Question ID:	FHI.177_00.000	**Instrument Variable Name:**	MORPLAN3	**QuestionnaireFileName:**	Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't Know

Universe: Health plan name was collected in HIPNAM3 or a person number was collected in HIPNAM3B

Skip Instructions: 1 [goto HIPNAM4]
2,D,R [if persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1;
            else goto FHICCI8]

Question ID:	FHI.178_00.000	**Instrument Variable Name:**	HIPNAM4	**QuestionnaireFileName:**	Family

Question Text: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All families with a fourth private health insurance plan

Skip Instructions: D,R [prefill PCARD4 with a "2", goto HIPNAM4B]
else goto PCARD4

Question ID:	FHI.178_01.000	**Instrument Variable Name:**	PCARD4	**QuestionnaireFileName:**	Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

Universe: Health plan name was recorded in NEXTPNM

Skip Instructions: goto HIPNAM4B

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Question ID:	FHI.179_00.000	**Instrument Variable Name:**	HIPNAM4B	**QuestionnaireFileName:**	Family

Question Text:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1   Yes
2   No
7   Refused
9   Don't know

Universe: Health plan name was collected in HIPNAM4 or HIPNAM4 don't know or refused

Skip Instructions: D,R [if HIPNAM4 eq D or R and persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1;
        else goto FHICCI8]

else goto FHICCI8

Question ID:	FHI.180_00.000	**Instrument Variable Name:**	HIVER1	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

[fill 1] listed as having private insurance but [fill 2] not mentioned as being covered by any of the plans we just discussed. [fill 3] covered by private insurance?

1   Yes
2   No
7   Refused
9   Don't Know

Universe: persons with private health insurance, but not listed under any of the mentioned plans

Skip Instructions: 1 [goto HIVER2]
2,R,D [goto ERR_HIVER1]

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Question ID: FHI.190_00.000   **Instrument Variable Name:**   HIVER2   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Is [fill 1] health insurance plan the same as one of those already mentioned?

1	1st plan mentioned (HIPNAM1)
2	2nd plan mentioned (HIPNAM2)
3	3rd plan mentioned (HIPNAM3)
4	4th plan metnioned (HIPNAM4)
5	Some other plan not already mentioned
7	Refused
9	Don't Know

Universe: All persons who answered yes at HIVER1

Skip Instructions: 1-4 [Update any inputs into the appropriate list (HIPNAM1B, HIPNAM2B, HIPNAM3B, HIPNAM4B), goto FHICCI8]
5   [If 4 plan names were given, ignore this 5th plan and goto FHICCI8. If not, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to input this plan name as the next plan for this family]
R,D [goto FHICCI8]

Question ID: FHI.195_01.000   **Instrument Variable Name:**   FHICCI8   **QuestionnaireFileName:**   Family

Question Text: [Fill 1]

* Enter 1 to continue.

1	Continue

Universe: If there is a private health insurance plan mentioned

Skip Instructions: 1 [goto FHI200]

Question ID: FHI.195_02.000   **Instrument Variable Name:**   FHICCI8   **QuestionnaireFileName:**   Family

Question Text: [Fill 1]

* Enter 1 to continue.

1	Continue

Universe: If there is a private health insurance plan mentioned

Skip Instructions: 1 [goto FHI200]

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Question ID: FHI.195_03.000	**Instrument Variable Name:** FHICCI8	**QuestionnaireFileName:** Family

Question Text: [Fill 1]

1   * Enter 1 to continue.
          Continue

Universe: If there is a private health insurance plan mentioned
Skip Instructions: 1 [goto FHI200]

Question ID: FHI.195_04.000   **Instrument Variable Name:** FHICCI8   **QuestionnaireFileName:** Family

Question Text: [Fill 1]

1   * Enter 1 to continue.
          Continue

Universe: If there is a private health insurance plan mentioned
Skip Instructions: 1 [goto FHI200]

Question ID: FHI.200_01.000   **Instrument Variable Name:** FHI200   **QuestionnaireFileName:** Family

Question Text: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00   Policyholder not on family roster
01-25   Two-digit person number
97   Refused
99   Don't know

Universe: asked of all private health insurance plans
Skip Instructions: goto PLNWRK

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Question ID:	FHI.200_02.000	**Instrument Variable Name:**	FHI200	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PLNWRK

Question ID:	FHI.200_03.000	**Instrument Variable Name:**	FHI200	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PLNWRK

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Question ID: FHI.200_04.000   **Instrument Variable Name:**   FHI200   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PLNWRK

Question ID: FHI.210_01.000   **Instrument Variable Name:**   PLNWRK   **QuestionnaireFileName:**   Family

Question Text: (book) F15   ? [F1]

Which one of these categories best describes how this plan was obtained?

01	Through emploer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through a state/local government or community program
07	Other, specify
97	Refused
99	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-6,D,R [goto PLNPAY]
7 [goto PLNWKSP]

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Question ID:	FHI.210_02.000	**Instrument Variable Name:**	PLNWRK	**QuestionnaireFileName:**	Family

Question Text: (book) F15   ? [F1]

Which one of these categories best describes how this plan was obtained?
Through emploer
Through union
Through workplace, but don't know if employer or union
Through workplace, self-employed or professional association
Purchased directly
Through a state/local government or community program
Other, specify
97   Refused
99   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-6,D,R [goto PLNPAY]
7 [goto PLNWKSP]

Question ID:	FHI.210_03.000	**Instrument Variable Name:**	PLNWRK	**QuestionnaireFileName:**	Family

Question Text: (book) F15   ? [F1]

Which one of these categories best describes how this plan was obtained?
Through emploer
Through union
Through workplace, but don't know if employer or union
Through workplace, self-employed or professional association
Purchased directly
Through a state/local government or community program
Other, specify
97   Refused
99   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-6,D,R [goto PLNPAY]
7 [goto PLNWKSP]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.210_04.000   **Instrument Variable Name:**   PLNWRK   **QuestionnaireFileName:**   Family

Question Text: (book) F15   ? [F1]

Which one of these categories best describes how this plan was obtained?
Through emploer
Through union
Through workplace, but don't know if employer or union
Through workplace, self-employed or professional association
Purchased directly
Through a state/local government or community program
Other, specify

97   Refused
99   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-6,D,R [goto PLNPAY]
7 [goto PLNWKSP]

Question ID: FHI.211_01.000   **Instrument Variable Name:**   PLNWKSP   **QuestionnaireFileName:**   Family

Question Text: *Read if necessary.

How was this plan obtained?
7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All private health insurance plans where the plan was obtained through an other source

Skip Instructions: Goto PLNPAY

Question ID: FHI.211_02.000   **Instrument Variable Name:**   PLNWKSP   **QuestionnaireFileName:**   Family

Question Text: *Read if necessary.

How was this plan obtained?
7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All private health insurance plans where the plan was obtained through an other source

Skip Instructions: Goto PLNPAY

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID:	FHI.211_03.000	**Instrument Variable Name:**	PLNWKSP	**QuestionnaireFileName:** Family

Question Text: *Read if necessary.

How was this plan obtained?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All private health insurance plans where the plan was obtained through an other source

Skip Instructions: Goto PLNPAY

Question ID:	FHI.211_04.000	**Instrument Variable Name:**	PLNWKSP	**QuestionnaireFileName:** Family

Question Text: *Read if necessary.

How was this plan obtained?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All private health insurance plans where the plan was obtained through an other source

Skip Instructions: Goto PLNPAY

Question ID:	FHI.220_10.000	**Instrument Variable Name:**	PLNPAY	**QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

Self or family (living in the household)
Employer or union
Someone outside the household
Medicare
Medicaid
Children's Health Insurance Program (CHIP/SCHIP)
State or local government or community program

97	Refused
99	Don't Know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto HICOSTN]
2-7, D, R [goto PLNMGD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.220_20.000   **Instrument Variable Name:**   PLNPAY   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.
Self or family (living in the household)
Employer or union
Someone outside the household
Medicare
Medicaid
Children's Health Insurance Program (CHIP/SCHIP)
State or local government or community program
97   Refused
99   Don't Know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto HICOSTN]
2-7, D, R [goto PLNMGD]

Question ID: FHI.220_30.000   **Instrument Variable Name:**   PLNPAY   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.
Self or family (living in the household)
Employer or union
Someone outside the household
Medicare
Medicaid
Children's Health Insurance Program (CHIP/SCHIP)
State or local government or community program
97   Refused
99   Don't Know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto HICOSTN]
2-7, D, R [goto PLNMGD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.220_40.000   **Instrument Variable Name:** PLNPAY   **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

Self or family (living in the household)
Employer or union
Someone outside the household
Medicare
Medicaid
Children's Health Insurance Program (CHIP/SCHIP)
State or local government or community program
97   Refused
99   Don't Know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto HICOSTN]
2-7, D, R [goto PLNMGD]

Question ID: FHI.230_11.000   **Instrument Variable Name:** HICOSTN   **QuestionnaireFileName:** Family

Question Text: 1 of 2   ? [F1]

How much [fill 1] currently spend for health insurance premiums for [fill 2]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.
00001-99995 $1-$99,995
99997   Refused
99999   Don't know

Universe: Plans payed for by self or family

Skip Instructions: if gt 9999, [goto ERR_HICOSTN]
1-9999 [goto HICOSTT]
D [store <D> in HICOSTT, goto PLNMGD]
R [store <R> in HICOSTT, goto PLNMGD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.230_12.000   **Instrument Variable Name:**   HICOSTT   **QuestionnaireFileName:**   Family

Question Text: 2 of 2   ? [F1]

* Enter time period for premium payments.
Once a week
Once every 2 weeks
Once a month
Twice a month
Every 2 months
Quarterly (every 3 months)
Once a year
Twice a year
97   Refused
99   Don't know

Universe: All private health insurance plans with a valid response to HICOSTN

Skip Instructions: 1-8,R,D [goto PLNMGD]

Question ID: FHI.230_21.000   **Instrument Variable Name:**   HICOSTN   **QuestionnaireFileName:**   Family

Question Text: 1 of 2   ? [F1]

How much [fill 1] currently spend for health insurance premiums for [fill 2]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.
00001-99995 $1-$99,995
99997   Refused
99999   Don't know

Universe: Plans payed for by self or family

Skip Instructions: if gt 9999, [goto ERR_HICOSTN]
1-9999 [goto HICOSTT]
D [store <D> in HICOSTT, goto PLNMGD]
R [store <R> in HICOSTT, goto PLNMGD]

Question ID:	FHI.230_22.000	**Instrument Variable Name:**	HICOSTT	**QuestionnaireFileName:**	Family

Question Text: 2 of 2   ? [F1]

* Enter time period for premium payments.
Once a week
Once every 2 weeks
Once a month
Twice a month
Every 2 months
Quarterly (every 3 months)
Once a year
Twice a year
97   Refused
99   Don't know

Universe: All private health insurance plans with a valid response to HICOSTN

Skip Instructions: 1-8,R,D [goto PLNMGD]

Question ID:	FHI.230_31.000	**Instrument Variable Name:**	HICOSTN	**QuestionnaireFileName:**	Family

Question Text: 1 of 2   ? [F1]

How much [fill 1] currently spend for health insurance premiums for [fill 2]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.
00001-99995 $1-$99,995
99997   Refused
99999   Don't know

Universe: Plans payed for by self or family

Skip Instructions: if gt 9999, [goto ERR_HICOSTN]
1-9999 [goto HICOSTT]
D [store <D> in HICOSTT, goto PLNMGD]
R [store <R> in HICOSTT, goto PLNMGD]

2004 NHIS Questionnaire - Family

Family Health Insurance
Document Version Date: 03-May-04

Question ID:	FHI.230_32.000	**Instrument Variable Name:**	HICOSTT	**QuestionnaireFileName:**	Family

Question Text: 2 of 2   ? [F1]

* Enter time period for premium payments.
Once a week
Once every 2 weeks
Once a month
Twice a month
Every 2 months
Quarterly (every 3 months)
Once a year
Twice a year
97   Refused
99   Don't know

Universe: All private health insurance plans with a valid response to HICOSTN

Skip Instructions: 1-8,R,D [goto PLNMGD]

Question ID:	FHI.230_41.000	**Instrument Variable Name:**	HICOSTN	**QuestionnaireFileName:**	Family

Question Text: 1 of 2   ? [F1]

How much [fill 1] currently spend for health insurance premiums for [fill 2]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.
00001-99995 $1-$99,995
99997   Refused
99999   Don't know

Universe: Plans payed for by self or family

Skip Instructions: if gt 9999, [goto ERR_HICOSTN]
1-9999 [goto HICOSTT]
D [store <D> in HICOSTT, goto PLNMGD]
R [store <R> in HICOSTT, goto PLNMGD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.230_42.000   **Instrument Variable Name:**   HICOSTT   **QuestionnaireFileName:**   Family

Question Text: 2 of 2   ? [F1]

* Enter time period for premium payments.
Once a week
Once every 2 weeks
Once a month
Twice a month
Every 2 months
Quarterly (every 3 months)
Once a year
Twice a year
97   Refused
99   Don't know

Universe: All private health insurance plans with a valid response to HICOSTN

Skip Instructions: 1-8,R,D [goto PLNMGD]

Question ID: FHI.240_01.000   **Instrument Variable Name:**   PLNMGD   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Is [fill 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider
Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?
1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-5,D,R [goto MGCHMD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.240_02.000   **Instrument Variable Name:**   PLNMGD   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Is [fill 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-5,D,R [goto MGCHMD]

Question ID: FHI.240_03.000   **Instrument Variable Name:**   PLNMGD   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Is [fill 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-5,D,R [goto MGCHMD]

Question ID: FHI.240_04.000   **Instrument Variable Name:**   PLNMGD   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Is [fill 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1-5,D,R [goto MGCHMD]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.242_01.000   **Instrument Variable Name:**   MGCHMD   **QuestionnaireFileName:**   Family

Question Text: Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill 2:you/he/she/they] choose one from a specific group or list of doctors?

1   Any doctor
2   Select from group/list
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto MGPRMD]
2 [goto MGPYMD]
D,R [goto MGPREF]

Question ID: FHI.242_02.000   **Instrument Variable Name:**   MGCHMD   **QuestionnaireFileName:**   Family

Question Text: Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill 2:you/he/she/they] choose one from a specific group or list of doctors?

1   Any doctor
2   Select from group/list
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto MGPRMD]
2 [goto MGPYMD]
D,R [goto MGPREF]

Question ID: FHI.242_03.000   **Instrument Variable Name:**   MGCHMD   **QuestionnaireFileName:**   Family

Question Text: Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill 2:you/he/she/they] choose one from a specific group or list of doctors?

1   Any doctor
2   Select from group/list
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: 1 [goto MGPRMD]
2 [goto MGPYMD]
D,R [goto MGPREF]

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.242_04.000   **Instrument Variable Name:** MGCHMD   **QuestionnaireFileName:** Family

Question Text: Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill 2:you/he/she/they] choose one from a specific group or list of doctors?

   1   Any doctor
   2   Select from group/list
   7   Refused
   9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions:
1 [goto MGPRMD]
2 [goto MGPYMD]
D,R [goto MGPREF]

Question ID: FHI.244_01.000   **Instrument Variable Name:** MGPRMD   **QuestionnaireFileName:** Family

Question Text: [fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

   1   Yes
   2   No
   7   Refused
   9   Don't know

Universe: All private health insurance plans where covered persons can choose any doctor

Skip Instructions: goto MGPREF

Question ID: FHI.244_02.000   **Instrument Variable Name:** MGPRMD   **QuestionnaireFileName:** Family

Question Text: [fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

   1   Yes
   2   No
   7   Refused
   9   Don't know

Universe: All private health insurance plans where covered persons can choose any doctor

Skip Instructions: goto MGPREF

Question ID: FHI.244_03.000   **Instrument Variable Name:** MGPRMD   **QuestionnaireFileName:** Family

Question Text: [fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

   1   Yes
   2   No
   7   Refused
   9   Don't know

Universe: All private health insurance plans where covered persons can choose any doctor

Skip Instructions: goto MGPREF

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.244_04.000   **Instrument Variable Name:** MGPRMD   **QuestionnaireFileName:** Family

Question Text: [fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All private health insurance plans where covered persons can choose any doctor

Skip Instructions: goto MGPREF

Question ID: FHI.246_01.000   **Instrument Variable Name:** MGPYMD   **QuestionnaireFileName:** Family

Question Text: If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All private health insurance plans where covered persons must select from a group or list of doctors

Skip Instructions: goto MGPREF

Question ID: FHI.246_02.000   **Instrument Variable Name:** MGPYMD   **QuestionnaireFileName:** Family

Question Text: If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All private health insurance plans where covered persons must select from a group or list of doctors

Skip Instructions: goto MGPREF

Question ID: FHI.246_03.000   **Instrument Variable Name:** MGPYMD   **QuestionnaireFileName:** Family

Question Text: If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All private health insurance plans where covered persons must select from a group or list of doctors

Skip Instructions: goto MGPREF

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 03-May-04

Question ID: FHI.246_04.000   **Instrument Variable Name:**   MGPYMD   **QuestionnaireFileName:**   Family

Question Text: If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All private health insurance plans where covered persons must select from a group or list of doctors

Skip Instructions: goto MGPREF

Question ID: FHI.248_01.000   **Instrument Variable Name:**   MGPREF   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

When [fill 1: you need/ALIAS needs/ the family members with this plan need] to go to a different doctor or place for special care, [fill 2: do you, does ALIAS/do they] need approval or a referral? Do not include emergency care.

1   Yes
2   No
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PRRXCOV

Question ID: FHI.248_02.000   **Instrument Variable Name:**   MGPREF   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

When [fill 1: you need/ALIAS needs/ the family members with this plan need] to go to a different doctor or place for special care, [fill 2: do you, does ALIAS/do they] need approval or a referral? Do not include emergency care.

1   Yes
2   No
7   Refused
9   Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PRRXCOV

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID:	FHI.248_03.000	**Instrument Variable Name:**	MGPREF	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

When [fill 1: you need/ALIAS needs/ the family members with this plan need] to go to a different doctor or place for special care, [fill 2: do you, does ALIAS/do they] need approval or a referral? Do not include emergency care.

1	Yes
2	No
7	Refused
9	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PRRXCOV

Question ID:	FHI.248_04.000	**Instrument Variable Name:**	MGPREF	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

When [fill 1: you need/ALIAS needs/ the family members with this plan need] to go to a different doctor or place for special care, [fill 2: do you, does ALIAS/do they] need approval or a referral? Do not include emergency care.

1	Yes
2	No
7	Refused
9	Don't know

Universe: asked of all private health insurance plans

Skip Instructions: goto PRRXCOV

Question ID:	FHI.249_01.000	**Instrument Variable Name:**	PRRXCOV	**QuestionnaireFileName:**	Family

Question Text: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?
* Read if necessary: Does this plan have a drug benefit?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All private health insurance plans

Skip Instructions: Loop through from FHICCI8 for any other private plans. When roster is exhausted, goto STNAME1 to see if the family fits into the universe for this question.

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.249_02.000   **Instrument Variable Name:** PRRXCOV   **QuestionnaireFileName:** Family

Question Text: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?
* Read if necessary: Does this plan have a drug benefit?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All private health insurance plans

Skip Instructions: Loop through from FHICCI8 for any other private plans. When roster is exhausted, goto STNAME1 to see if the family fits into the universe for this question.

Question ID: FHI.249_03.000   **Instrument Variable Name:** PRRXCOV   **QuestionnaireFileName:** Family

Question Text: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?
* Read if necessary: Does this plan have a drug benefit?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All private health insurance plans

Skip Instructions: Loop through from FHICCI8 for any other private plans. When roster is exhausted, goto STNAME1 to see if the family fits into the universe for this question.

Question ID: FHI.249_04.000   **Instrument Variable Name:** PRRXCOV   **QuestionnaireFileName:** Family

Question Text: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?
* Read if necessary: Does this plan have a drug benefit?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All private health insurance plans

Skip Instructions: Loop through from FHICCI8 for any other private plans. When roster is exhausted, goto STNAME1 to see if the family fits into the universe for this question.

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 03-May-04

Question ID: FHI.250_00.000   **Instrument Variable Name:** STNAME1   **QuestionnaireFileName:** Family

Question Text: Earlier I recorded that [fill 1] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

          * Read if necessary: Do you have a health plan card or something with the plan name on it?

7   Refused

9   Don't know

Verbatim   Verbatim Response

Universe: All persons with SCHIP

Skip Instructions: goto STDOC1

Question ID: FHI.251_00.000   **Instrument Variable Name:** STDOC1   **QuestionnaireFileName:** Family

Question Text: Under the [fill 1:^STNAME1/SCHIP PLAN] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1   Any doctor

2   Select from book/list

3   Doctor is assigned

7   Refused

9   Don't know

Universe: All persons with SCHIP

Skip Instructions: 1,2,3,D,R goto STPCMD1

Question ID: FHI.252_00.000   **Instrument Variable Name:** STPCMD1   **QuestionnaireFileName:** Family

Question Text: [fill 1] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill 2] must go to for all of [fill 3] routine care? Do not include emergency care or care from a specialist [fill 4] referred to.

1   Yes

2   No

7   Refused

9   Don't know

Universe: All persons with SCHIP

Skip Instructions: goto STREF1

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID: FHI.253_00.000   **Instrument Variable Name:**   STREF1   **QuestionnaireFileName:**   Family

Question Text: ? [F1]

Under [fill 1: ^STNAME1/this SCHIP plan], if [fill 2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill 3:do you/deas he/does she] need approval or a referral? Do not include emergency care.

1   Yes
2   No
7   Refused
9   Don't know

Universe: All persons with SCHIP

Skip Instructions: 1, 2, D, R goto next person in roster, else goto STNAME2

Question ID: FHI.257_00.000   **Instrument Variable Name:**   STNAME2   **QuestionnaireFileName:**   Family

Question Text: Earlier I recorded that [fill 1] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All persons with a state sponsored health plan

Skip Instructions: goto STDOC2

Question ID: FHI.258_00.000   **Instrument Variable Name:**   STDOC2   **QuestionnaireFileName:**   Family

Question Text: Under the [fill 1:^STNAME2/state sponsored plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1   Any doctor
2   Select from book/list
3   Doctor is assigned
7   Refused
9   Don't know

Universe: All persons with state sponsored health care

Skip Instructions: 1,2,3,D,R goto STPCMD2

2004 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 03-May-04

Question ID:	FHI.259_00.000	**Instrument Variable Name:**	STPCMD2	**QuestionnaireFileName:**	Family

Question Text: [fill 1] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill 2] must go to for all of [fill 3] routine care? Do not include emergency care or care from a specialist [fill 4] referred to.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons with state sponsored health care

Skip Instructions: goto STREF2

Question ID:	FHI.260_00.000	**Instrument Variable Name:**	STREF2	**QuestionnaireFileName:**	Family

Question Text: ? [F1]

Under [fill 1:^STNAME2/this state sponsored plan], if [fill 2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill 3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons with state sponsored health plan

Skip Instructions: 1, 2, D, R goto STNAME2

Question ID:	FHI.264_00.000	**Instrument Variable Name:**	STNAME3	**QuestionnaireFileName:**	Family

Question Text: Earlier I recorded that [fill 1] covered by an other government program. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons with an other government plan

Skip Instructions: goto STDOC3

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Family Health Insurance
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Question ID: FHI.265_00.000 **Instrument Variable Name:** STDOC3 **QuestionnaireFileName:** Family

Question Text: Under the [fill 1:^STNAME3/other government plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3:you/he/she] choose from a book or list of doctors or is the doctor assigned?

1   Any doctor
2   Select from book/list
3   Doctor is assigned
7   Refused
9   Don't know

Universe: All persons with an other government plan

Skip Instructions: 1,2,3,D,R goto STPCMD3

Question ID: FHI.266_00.000 **Instrument Variable Name:** STPCMD3 **QuestionnaireFileName:** Family

Question Text: [fill 1] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill 2] must go to for all of [fill 3] routine care? Do not include emergency care or care from a specialist [fill 4] referred to.

1   Yes
2   No
7   Refused
9   Don't know

Universe: All persons with an other government plan

Skip Instructions: goto STREF3

Question ID: FHI.267_00.000 **Instrument Variable Name:** STREF3 **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill 1:^ STNAME3/this other government plan], if [fill 2:you need/ALIAS needs] to go to a different doctor or place for special care, [fill 3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1   Yes
2   No
7   Refused
9   Don't know

Universe: All persons with an other government plan

Skip Instructions: 1, 2, D, R goto MILSPEC

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Question ID: FHI.270_00.000   **Instrument Variable Name:** MILSPC   **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill 1] covered by military health care. What types of military health care [fill 2:] covered by?

1   TRICARE
2   VA
3   CHAMP-VA
4   Other military coverage (specify)
7   Refused
9   Don't know

Universe: All persons with military health care

Skip Instructions: 1 [goto MILMAN]
4 [goto MILSPCOT]
2, 3, D, R [loop through for all persons in roster, when exhausted, goto next appropriate question.]

Question ID: FHI.271_00.000   **Instrument Variable Name:** MILSPCOT   **QuestionnaireFileName:** Family

Question Text: * Other military coverage

7   Refused
9   Don't know
Verbatim   Verbatim Response

Universe: All persons with other military coverage

Skip Instructions: if MILSPC eq 1, goto MILMAN;
else, goto next appropriate question

Question ID: FHI.275_00.000   **Instrument Variable Name:** MILMAN   **QuestionnaireFileName:** Family

Question Text: ? [F1]

Is [fill 1] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1   TRICARE Prime
2   TRICARE Extra
3   TRICARE Standard
4   TRICARE for life
5   TRICARE other (specify)
7   Refused
9   Don't know

Universe: All persons with TRICARE coverage

Skip Instructions: 1-4,D,R [goto next appropriate question]
5 [goto MILMANOT]

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Question ID: FHI.276_00.000   **Instrument Variable Name:**   MILMANOT   **QuestionnaireFileName:**   Family

Question Text: * Other type of TRICARE coverage

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons with other type of TRICARE coverage

Skip Instructions: Loop through from MILSPC for all persons with this coverage. When exhausted, goto next appropriate question.

Question ID: FHI.280_00.000   **Instrument Variable Name:**   HILAST   **QuestionnaireFileName:**   Family

Question Text: (book) F16   ? [F1]

Not including Single Service Plans, about how long has it been since [fill 1] last had health care coverage?

1	6 months or less
2	More than 6 months, but not more than 1 year ago
3	More than 1 year, but not more than 3 years ago
4	More than 3 years
5	Never
7	Refused
9	Don't know

Universe: All persons without known health insurance or with only single service plans

Skip Instructions: goto HISTOP

Question ID: FHI.290_00.000   **Instrument Variable Name:**   HISTOP   **QuestionnaireFileName:**   Family

Question Text: (book) F17

[Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.
Person in family with health insurance lost job or changed employers
Got divorced or separated/death of spouse or parent
Became ineligible because of age/left school
Employer does not offer coverage/or not eligible for coverage
Cost is too high
Insurance company refused coverage
Medicaid/Medical plan stopped after pregnancy
Lost Medicaid/Medical plan because of new job or increase in income
Lost Medicaid (other)
Other (specify)

97	Refused
99	Don't know

Universe: All persons without known health insurance or with only single service plans

Skip Instructions: 1-9, D, R [goto HCSPFYR]
10 [goto HISTOPOT]

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Question ID: FHI.291_00.000 **Instrument Variable Name:** HISTOPOT **QuestionnaireFileName:** Family

Question Text: ? [F1]

	* Other reason for not having coverage
7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons without known health insurance and other reason for stopping or not having coverage

Skip Instructions: Goto HCSPFYR

Question ID: FHI.300_00.000 **Instrument Variable Name:** HINOTYR **QuestionnaireFileName:** Family

Question Text: In the PAST 12 MONTHS, was there any time when [fill 1] did NOT have ANY health insurance or coverage?

1	Yes
2	No
7	Refused
9	Don't know

Universe: (All persons with known health insurance, except single service plans) or if person is military

Skip Instructions: 1 [goto HINOTMYR]
2, D, R [goto HCSPFYR]

Question ID: FHI.310_00.000 **Instrument Variable Name:** HINOTMYR **QuestionnaireFileName:** Family

Question Text: In the PAST 12 MONTHS, about how many months [fill 1] without coverage?

	* If less than 1 month, enter '1'.
01-12	1-12 months
97	Refused
99	Don't know

Universe: All persons who currently have health insurance who did not have
health insurance/coverage for some period of time in the past 12 months

Skip Instructions: <1-12,D,R>
When roster is exhausted, goto HCSPFYR

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Question ID: FHI.320_00.000   **Instrument Variable Name:**   HCSPFYR   **QuestionnaireFileName:**   Family

Question Text: (book) F18

The next question is about money that [fill 1:you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill 2: you/your family] spend for medical care and dental care?

0	Zero
1	Less than $500
2	$500 - $1,999
3	$2,000 - $2,999
4	$3,000 - $4,999
5	$5,000 or more
7	Refused
9	Don't know

Universe: All families

Skip Instructions: goto PLBORN1

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Question ID: FSD.001_00.000   **Instrument Variable Name:**   PLBORN   **QuestionnaireFileName:**   Family

Question Text: [fill 1: Were you/Was ALIAS] born in the United States?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons

Skip Instructions: <1> [store 1 in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

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Question ID: FSD.002_00.000   **Instrument Variable Name:**   PLBORN1   **QuestionnaireFileName:**   Family

Question Text: In what state [fill 1:were you/was ALIAS] born?

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia

50	Wisconsin
51	Wyoming
97	Refused
99	Don't know

Universe: All persons

Skip Instructions: <1-51, D, R> [goto HEADST]

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Question ID: FSD.003_00.000   **Instrument Variable Name:**   PLBORN2   **QuestionnaireFileName:**   Family

Question Text: In what country [fill: 1] born?

* Please record country of birth. If country not found, type "ZZ"

060	AMERICAN SAMOA
061	AM SAMOA
062	BAKER ISLAND
063	GUAM
064	HOWLAND ISLAND
065	JARVIS ISLAND
066	JOHNSTON ATOLL
067	KINGMAN REEF
068	MANUA ISLANDS
069	MIDWAY ISLANDS
070	NAVASSA ISLAND
071	NORTHERN MARIANAS
072	PALMYRA ATOLL
073	PUERTO RICO
074	ROTA
075	SAIPAN
076	SAND ISLAND
077	ST CROIX
078	ST JOHN
079	ST THOMAS
080	TINIAN
081	US OUTLYING AREA
082	US VIRGIN ISLANDS
083	USVI
084	VIRGIN ISLANDS
085	WAKE ISLAND
100	ABROAD
101	ABU DHABI
102	ADEN
103	AFGHANISTAN
104	AFRICA
105	ALBANIA
106	ALBERTA
107	ALGERIA
108	ALGIERS
109	ALSACE-LORRAINE
110	AMSTERDAM
111	ANEGADA
112	ANGOLA
113	ANGUILLA
114	ANGUILLA BWI
115	ANOJOUAN
116	ANTARCTICA
117	ANTIGUA
118	ANTIGUA & BARBUDA
119	ANTIGUA WI
120	ANTILLES
121	ARAB PALESTINE

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122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN
170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA
172	BRITISH GUIANA
173	BRITISH GUYANA
174	BRITISH HONDURAS
175	BRITISH HONG KONG

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176	BRITISH ISLES
177	BRITISH VI
178	BRITISH VIRGIN IS
179	BRITISH WEST INDIES
180	BRITISH WI
181	BRUNEI
182	BULGARIA
183	BURKINA FASO
184	BURMA
185	BURUNDI
186	BWI
187	BYELARUS
188	BYELORUSSIA
189	CAICOS ISLANDS
190	CAM PHA
191	CAM RANH
192	CAMBODIA
193	CAMEROON
194	CAN THO
195	CANADA
196	CANAL ZONE
197	CANARY ISLANDS
198	CANTON & ENDERBURY IS
199	CANTON ISLAND
200	CAPE VERDE
201	CARIBBEAN
202	CAYMAN ISLANDS
203	CENTRAL AFRICA
204	CENTRAL AFRICAN REP
205	CENTRAL AMERICA
206	CEYLON
207	CHAD
208	CHANNEL ISLANDS
209	CHIAPAS
210	CHIHUAHUA
211	CHILE
212	CHINA
213	CHINA HONG KONG
214	CHRISTMAS ISLAND
215	CHRISTMAS ISLAND, INDIAN OCEAN
216	COAHUILA
217	COLIMA
218	COLOMBIA
219	COMOROS
220	CONGO
221	COOK ISLANDS
222	CORAL SEA ISLANDS
223	CORK
224	CORSICA
225	COSTA RICA
226	COTE D'IVORIE
227	CRETE
228	CRIMEA
229	CRISTOBAL

230	CROATIA
231	CUBA
232	CURACAO
233	CYPRUS
234	CZ
235	CZECH REPUBLIC
236	CZECHOSLOVAKIA
237	DA LAT
238	DA NANG
239	DAKAR
240	DANZIG
241	DELHI
242	DEMO PEOPLE'S REP OF KOREA
243	DEMO REP OF CONGO
244	DENMARK
245	DISTRITO FEDERAL
246	DJIBOUTI
247	DOM REP
248	DOMINICA
249	DOMINICA BWI
250	DOMINICA WI
251	DOMINICAN REPUBLIC
252	DUBAI
253	DUBLIN
254	DURANGO
255	DUTCH EAST INDIES
256	DUTCH GUIANA
257	DUTCH INDONESIA
258	DUTCH NEW GUINEA
259	EAST PAKISTAN
260	EAST PRUSSIA
261	EASTER ISLAND
262	EASTERN AFRICA
263	ECUADOR
264	EGYPT
265	EIRE
266	EL SALVADOR
267	ENGLAND
268	EQUATORIAL GUINEA
269	ERITREA
270	ESPANA
271	ESTONIA
272	ETHIOPIA
273	EUROPA ISLAND
274	EUROPE
275	FALKLAND ISLANDS
276	FAROE ISLANDS
277	FEDERAL DISTRICT
278	FEDERAL REPUBLIC OF YUGOSLAVIA
279	FEDERATED STATES OF MICRONESIA
280	FIJI
281	FILIPINES
282	FINLAND
283	FOREIGN COUNTRY

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284	FORMOSA
285	FRANCE
286	FRANKFURT
287	FRENCH GUIANA
288	FRENCH MOROCCO
289	FRENCH POLYNESIA
290	GABON
291	GALAPAGOS ISLANDS
292	GALWAY
293	GAMBIA
294	GAZA STRIP
295	GEORGIA
296	GERMANY
297	GHANA
298	GIA DINH
299	GIBRALTER
300	GLORIOSO ISLANDS
301	GOA
302	GRAND BAHAMA
303	GRAND CAYMAN
304	GRAND TURK
305	GREAT BRITAIN
306	GREAT COMORE
307	GREECE
308	GREENLAND
309	GRENADA
310	GUADALAJARA
311	GUADELOUPE
312	GUANAJUATO
313	GUATEMALA
314	GUERNSEY
315	GUERRERO
316	GUIANA
317	GUINEA
318	GUINEA-BISSAU
319	GUYANA
320	HA DONG
321	HAI PHONG
322	HAITI
323	HAMBURG
324	HANOI
325	HANOVER
326	HAVANA
327	HEARD & MCDONALD ISLANDS
328	HERZEGOVINA
329	HESSE
330	HIDALGO
331	HIGH SEAS
332	HOLLAND
333	HONDURAS
334	HONG KONG
335	HUNGARY
336	HYDERABAD
337	ICELAND

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338	INDIA
339	INDONESIA
340	INTERNATIONAL WATERS
341	IRAN
342	IRAQ
343	IRELAND
344	IRIAN JAYA
345	IRISH REPUBLIC
346	ISLE OF MAN
347	ISRAEL
348	ITALY
349	IVORY COAST
350	JALISCO
351	JAMAICA
352	JAN MEYAN
353	JAPAN
354	JAVA
355	JERSEY
356	JIBUTI
357	JORDAN
358	JUAN DE NOVA ISLAND
359	JUGOSLAVIA
360	KALININGRAD
361	KAMPUCHEA
362	KASHMIR
363	KAZAKHSTAN
364	KENYA
365	KHANH HUNG
366	KINSHASA
367	KIRIBATI
368	KOREA
369	KORO ISLAND
370	KUWAIT
371	KWAJALEIN
372	KWANTUNG
373	KYRGYZSTAN
374	LABRADOR
375	LABUAN
376	LAOS
377	LATAKIA
378	LATIN AMERICA
379	LATVIA
380	LEBANON
381	LEEWARD ISLANDS
382	LESOTHO
383	LIBERIA
384	LIBYA
385	LIECHTENSTEIN
386	LITHUANIA
387	LOAS
388	LONDONDERRY
389	LONG XUYEN
390	LORRAINE
391	LUBECK

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392	LUXEMBOURG
393	MACAO
394	MACAU
395	MACEDONIA
396	MADAGASCAR
397	MADEIRA ISLANDS
398	MAINLAND CHINA
399	MAJORCA
400	MALAGASY REPUBLIC
401	MALAWI
402	MALAYSIA
403	MALDIVES
404	MALI
405	MALLORCA
406	MALTA
407	MACHURIA
408	MANICA
409	MANILA
410	MANITOBA
411	MARSHALL ISLANDS
412	MARTINIQUE
413	MAURITANIA
414	MAURITIUS
415	MAYOTTE ISLAND
416	MELANESIA
417	MEXICO
418	MICHOACAN
419	MICRONESIA
420	MIDDLE EAST
421	MOLDAVIA
422	MOLDOVA
423	MONACO
424	MONAGAS
425	MONGOLIA
426	MONTENEGRO
427	MONTSERRAT
428	MORELOS
429	MOROCCO
430	MOZAMBIQUE
431	MY THO
432	N. IRELAND
433	NAM DINH
434	NAMIBIA
435	NAURU
436	NAYARIT
437	NEPAL
438	NETHERLANDS
439	NETH. ANTILLES
440	NETH. EAST INDIES
441	NEVIS ISLAND
442	NEW BRUNSWICK
443	NEW CALEDONIA
444	NEW GUINEA
445	NEW HEBRIDES

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446	NEW SOUTH WALES
447	NEW ZEALAND
448	NEWFOUNDLAND
449	NHA TRANG
450	NICARAGUA
451	NIGER
452	NIGERIA
453	NIUE ISLAND
454	NORFOLK ISLAND
455	NORTH AFRICA
456	NORTH AMERICA
457	NORTH KOREA
458	NORTH VIETNAM
459	NORTHERN IRELAND
460	NORTHERN TERRITORY
461	NORWAY
462	NOVA SCOTIA
463	NUEVO LEON
464	OAXACA
465	OCEANIA
466	OKINAWA
467	OMAN
468	ONTARIO
469	OVERSEAS
470	PAKISTAN
471	PALAU
472	PALESTINE
473	PANAMA
474	PANAMA CANAL ZONE
475	PAPUA NEW GUINEA
476	PARACEL ISLANDS
477	PARAGUAY
478	PELAGOSA
479	PEOPLE'S REP. OF CHINA
480	PEOPLE'S REP. OF CONGO
481	PERSIA
482	PERU
483	PHAN THIET
484	PHILIPPINES
485	PITCAIRN ISLAND
486	POLAND
487	POLYNESIA
488	PONAPE
489	PORTUGAL
490	PORTUGUESE INDIA
491	PRINCE EDWARD ISLAND
492	PRINCIPE ISLAND
494	PRUSSIA
495	PUEBLA
496	PUNJAB
497	PUNJAB, INDIA
498	PUNJAB, PAKISTAN
499	QATAR
500	QUANG LONG

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501	QUEBEC
502	QUEENSLAND
503	QUERETARO
504	QUI NHON
505	RACH GIA
506	RAJASTHAN
507	RED CHINA
508	REPUBLIC OF CHINA
509	REPUBLIC OF CYPRUS
510	REPUBLIC OF IRELAND
511	REPUBLIC OF KOREA
512	REPUBLIC OF PANAMA
513	REP. OF PHILIPPINES
514	REP. OF SOUTH AFRICA
515	REPUBLICA DOMINICANA
516	REUNION ISLAND
517	RHODESIA
518	ROC
519	ROK
520	ROMANIA
521	ROTTERDAM
522	RUMANIA
523	RUSSIA
524	RUSSIAN FEDERATION
525	RWANDA
526	SAIGON
527	SALVADOR
528	SAMOA
529	SAN ANDRES
530	SAN LUIS POTOSI
531	SAN MARINO
532	SAN SALVADOR
533	SAO TOME ISLAND
534	SAO TOME & PRINCIPE
535	SARAWAK
536	SASKATCHEWAN
537	SAUDI ARABIA
538	SAXONY
539	SCOTLAND
540	SENEGAL
541	SEOUL
542	SERBIA
543	SEYCHELLES
544	SHANGHAI
545	SHARJAH
546	SIBERIA
547	SICILY
548	SIERRA LEONE
549	SIKKIM
550	SINALOA
551	SINGAPORE
552	SLAVONIA
553	SLOVAK REPUBLIC
554	SLOVAKIA

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555	SLOVENIA
556	SOLOMAN ISLANDS
557	SOMALIA
558	SONORA
559	SOUTH AFRICA
560	SOUTH AMERICA
561	SOUTH AUSTRALIA
562	SOUTH KOREA
563	SOUTH VIETNAM
564	SOUTH WALES
565	SOUTH YEMEN
566	SOUTHEAST ASIA
567	SOUTHERN AFRICA
568	SOUTHERN RHODESIA
569	SOVIET UNION
570	SPAIN
571	SPRATLEY ISLANDS
572	SRI LANKA
573	ST BARTHELEMY
574	ST BARTS
575	ST CHRISTOPHER
576	ST CHRISTOPHER-NEVIS
577	ST EUSTATIUS
578	ST HELENA
579	ST KITTS
580	ST KITTS-NEVIS
581	ST LUCIA
582	ST MAARTEN
583	ST MARTIN
584	ST PIERRE & MIQUELON
585	ST VINCENT
586	ST VINCENT & THE GRENADINES
587	SUDAN
588	SUMATRA
589	SURINAM
590	SURINAME
591	SVALBARD
592	SWAZILAND
593	SWEDEN
594	SWITZERLAND
595	SYRIA
596	SYRIAN ARAB REP
597	TABASCO
598	TADZHIK
599	TAHITI
600	TAIWAN
601	TAIWAN ROC
602	TAJIKISTAN
603	TAMAULIPAS
604	TANGANYIKA
605	TANGIER
606	TANZANIA
607	TASMANIA
608	THAILAND

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609	THANH HOA
610	THE GRENADINES
611	TIBET
612	TIJUANA
613	TLAXCALA
614	TOBAGO
615	TOGO
616	TOGOLAND
617	TOKELAU
618	TONGA
619	TORTOISE ISLANDS
620	TORTOLA
621	TRANSVAAL
622	TRANSYLVANIA
623	TRIESTE
624	TRINIDAD
625	TRINIDAD & TOBAGO
626	TRIPOLI
627	TROMELIN ISLAND
628	TRUK
629	TUNIS
630	TUNISIA
631	TURKEY
632	TURKMENISTAN
633	TURKS & CAICOS IS
634	TURK ISLANDS
635	TUVALU
636	TUY HOA
637	UGANDA
638	UK
639	UKRAINE
640	UKRAINIA
641	UNION ISLANDS
642	UNION OF SOUTH AFRICA
643	UNION OF SOVIET SOCIALIST REPUBLICS
644	UNITED ARAB EMIRATES
645	UNITED KINGDOM
646	UPPER VOLTA
647	URUGUAY
648	USSR
649	USBEKISTAN
650	VANCOUVER
651	VANUATU
652	VATICAN CITY
653	VENEZUELA
654	VERACRUZ
655	VICTORIA
656	VIETNAM
657	VINH LONG
658	VUNG TAU
659	WALES
660	WALLIS & FUTUNA ISLANDS
661	WEST AFRICA
662	WEST BANK

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663	WEST BENGAL
664	WEST INDIES
665	WEST PAKISTAN
666	WESTERN AUSTRALIA
667	WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	WINDWARD ISLANDS
671	WINNIPEG
672	WURZBERG
673	YAP
674	YAR
675	YEMEN
676	YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY
681	ZACATECAS
682	ZADAR
683	ZAIRE
684	ZAMBIA
685	ZANZIBAR
686	ZIMBABWE
687	ZURICH
688	ANDORRA
689	BRITISH INDIAN OCEAN TERRITORY
690	DEUTSCHLAND
691	FRENCH SOUTHERN AND ANTARCTIC LANDS
692	GRENADINES, THE
693	KOSOVO
694	MYANMAR
695	NORTHWEST TERRITORY
696	NUNAVUT TERRITORY
996	Country not listed
997	Refused
999	Don't know

Universe: All persons not born in the US

Skip Instructions: <60-85> [store 2 in CITIZEN; goto USYR]
<100-696> [goto CITIZEN]
<ZZ, D, R> [goto USYR]

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Question ID: FSD.004_00.000 | **Instrument Variable Name:** USYR | **QuestionnaireFileName:** Family

Question Text: [Fill: 1]

In what year did [fill: 3] come to the United States to stay?

1880-Current Year	1880-Current Year
9997	Refused
9999	Don't Know

Universe: All persons not born in the US

Skip Instructions: <D, R> [goto USLONG]; else [if lt birth year, goto ERR2_USYR]; else goto CITIZEN.

Question ID: FSD.005_00.000 | **Instrument Variable Name:** USLONG | **QuestionnaireFileName:** Family

Question Text: About how long [fill: 1] been in the United States?

* Read if necessary: Earlier I recorded that [fill: 2] [fill: AGE] years old.

*Enter 95 for 95 or more years.

*If less than 1 year given as a response, code the answer as "0".

00-94	00-94 years
95	95+ years
97	Refused
99	Don't know

Universe: All persons not born in the US and refused or did not know USYR

Skip Instructions: <D, R> [goto CITIZEN]; else [if gt AGE goto ERR_USLONG]; else goto CITIZEN

Question ID: FSD.006_00.000 | **Instrument Variable Name:** CITIZEN | **QuestionnaireFileName:** Family

Question Text: * (book) F19

[Fill: 1] a CITIZEN of the United States?

1	Yes, born in one of the 50 United States or the District of Columbia
2	Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3	Yes, born abroad to American parent(s)
4	Yes, U.S. citizen by naturalization
5	No, not a citizen of the United States
7	Refused
9	Don't know

Universe: All persons not born in the US or US territory

Skip Instructions: <1> (If PLBORN eq 2 and CITIZEN eq 1): goto ERR1_CITIZEN; [If PLBORN eq R and CITIZEN eq 1]; goto ERR3_CITIZEN
<2> goto ERR2_CITIZEN

else goto HEADST

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Question ID: FSD.007_00.000   **Instrument Variable Name:**   HEADST   **QuestionnaireFileName:**   Family

Question Text: Is [alias] now attending Head Start?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons age 6 and under

Skip Instructions: <2, D, R> [goto HEADSTEV]
<1> [goto EDUC]

Question ID: FSD.008_00.000   **Instrument Variable Name:**   HEADSTEV   **QuestionnaireFileName:**   Family

Question Text: Has [alias] ever attended Head Start?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons under age 18 and not currently enrolled in Head Start

Skip Instructions: <1, 2, D, R> [if no more AGE le 18, goto EDUC]

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Question ID: FSD.010_00.000   **Instrument Variable Name:**   EDUC   **QuestionnaireFileName:**   Family

Question Text: * (book) F20
What is the HIGHEST level of school [fill:1] completed or the highest degree [fill:1] received? Please tell me the number from the card.
* Enter highest level of school completed.

00	Never attended/kindergarten only
01	1st grade
02	2nd grade
03	3rd grade
04	4th grade
05	5th grade
06	6th grade
07	7th grade
08	8th grade
09	9th grade
10	10th grade
11	11th grade
12	12th grade, no diploma
13	GED or equivalent
14	High School Graduate
15	Some college, no degree
16	Associate degree: occupational, technical, or vocational program
17	Associate degree: academic program
18	Bachelor's degree (Example: BA, AB, BS, BBA)
19	Master's degree (Example: MA, MS, MEng, MEd, MBA)
20	Professional School degree (Example: MD, DDS, DVM, JD)
21	Doctoral degree (Example: PhD, EdD)
96	Child under 5 years old {blind}
97	Refused
99	Don't know

Universe: All persons 5 years of age and older

Skip Instructions: <0-21,96,D,R> [goto FMILTRY]

Question ID: FSD.041_00.000   **Instrument Variable Name:**   FMILTRY   **QuestionnaireFileName:**   Family

Question Text: [fill: 1: Have you/Has any family member, that is

*Read names]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families with a person age 18 or older

Skip Instructions: <1> [if only 1 person family ge 18, store person number in PMILTRY, Goto DOINGLW]; Else [goto PMILTRY]
<2, D, R> [goto DOINGLW]

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Question ID:	FSD.042_00.000	Instrument Variable Name:	PMILTRY	QuestionnaireFileName:	Family

Question Text: * Ask or verify. Enter all that apply, separate with commas.

Who was this?

*Indicate each family member with honorable discharge.

1	Yes
2	No
7	Don't Know
9	Refused

Universe: Families with FMILTRY = yes and more than one person in the family ge 18

Skip Instructions: [Goto DOINGLW]

Question ID:	FSD.050_00.000	Instrument Variable Name:	DOINGLW	QuestionnaireFileName:	Family

Question Text: ? [F1]

The next few questions are about your employment status.

Which of the following [fill: 1] doing last week?

* Read answer categories.

1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know

Universe: All persons age 18+

Skip Instructions: <1,4> [go to WRKHRS]
<2,5> [go to WHYNOWRK]
<3,D,R> [go to WRKLYR]

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Question ID:	FSD.060_00.000	**Instrument Variable Name:**	WHYNOWRK	**QuestionnaireFileName:**	Family

Question Text: What is the main reason [fill: 1] did not [fill: 2]

Taking care of house or family
Going to school
Retired
On a planned vacation from work
On family or maternity leave
Temporarily unable to work for health reasons
Have job/contract and off-season
On layoff
Disabled
Other
97   Refused
99   Don't know

Universe: All persons age 18 + who were either with a job or business but not at work, or not working at a job or business and not looking for work.

Skip Instructions: <01-03, 08-10,D,R> [goto WRKLYR] else <04-07> [goto WRKHRS]

Question ID:	FSD.070_00.000	**Instrument Variable Name:**	WRKHRS	**QuestionnaireFileName:**	Family

Question Text: How many hours [fill: 1]

001-168   1-168 hours
997   Refused
999   Don't know

Universe: All persons aged 18+ who were working for pay at a job or business or working, but not for pay, at a job or business last week or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have job/contract and off-season

Skip Instructions: <1-34, D, R> [goto WRKFTALL]
<95-168> goto soft error message
<35-168> [goto WRKLYR]

Question ID:	FSD.080_00.000	**Instrument Variable Name:**	WRKFTALL	**QuestionnaireFileName:**	Family

Question Text: [Fill: 1] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All persons aged 18+ who worked less than 35 hours last week or did not know/refuse to answer how many hours they worked last week

Skip Instructions: [goto WRKLYR]

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Question ID: FSD.100_00.000   **Instrument Variable Name:**   WRKLYR   **QuestionnaireFileName:**   Family

Question Text: Did [fill: 1] work for pay at any time in [last year in 4 digit format]?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons age 18+

Skip Instructions: <1> [goto WRKMYR]
<2, D, R> [goto HIEMPOF]

Question ID: FSD.110_00.000   **Instrument Variable Name:**   WRKMYR   **QuestionnaireFileName:**   Family

Question Text: How many months in [last year in 4 digit format] did [fill: 1] have at least one job or business?

*If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

Universe: All persons age 18+ who worked last year

Skip Instructions: [goto ERNYR]

Question ID: FSD.120_00.000   **Instrument Variable Name:**   ERNYR   **QuestionnaireFileName:**   Family

Question Text: What is your best estimate of [fill: 1] earnings before taxes and deductions from ALL jobs and businesses in [fill: last year in 4 digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

000001-999994	$1-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

Universe: All persons age 18+ who worked last year

Skip Instructions: [goto HIEMPOF]

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Question ID: FSD.130_00.000   **Instrument Variable Name:**   HIEMPOF   **QuestionnaireFileName:**   Family

Question Text: Regarding [fill:1] job or work last week, was health insurance offered to [fill: 2] through [fill:3] workplace?

1	Yes
2	No
7	Refused
9	Don't know

Universe: persons who are age 18+ and working for pay at a job or business or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business.

Skip Instructions: If roster is exhausted, [goto next section]

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Question ID: FIN.010_00.000   **Instrument Variable Name:**   INTROINC   **QuestionnaireFileName:**   Family

Question Text: * Read the following.

The next questions are about your combined family income.

Each question refers to income received is [fill: value for last calander year] BEFORE TAXES.

1   Enter 1 to continue

Universe: All

Skip Instructions: goto FSAL

Question ID: FIN.030_00.000   **Instrument Variable Name:**   FSAL   **QuestionnaireFileName:**   Family

Question Text: [fill: Did you receive income in [fill: last calendar year in 4 digit format] from wages and salaries?]

[fill: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

[fill roster of people GE 18 in column format, in bold black]

receive income in [fill: last calendar year in 4 digit format] from...wages and salaries?]

1   Yes
2   No
7   Refused
9   Don't know

Universe: Any person in the family is 18+

Skip Instructions: <1> [If 1 person family, store person number in PSAL and skip to FSEINC; Else goto PSAL]

<2, D, R,> [Goto FSEINC]

Question ID: FIN.040_00.000   **Instrument Variable Name:**   PSAL   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If the respondent answered yes to FSAL and there is more than one person 18+ in the family.

Skip Instructions: Goto FSEINC

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Question ID: FIN.050_00.000   **Instrument Variable Name:**   FSEINC   **QuestionnaireFileName:**   Family

Question Text: [fill: Did you receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

[fill roster of people GE 18 in column format and bold black]

receive income in [fill: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1   Yes
2   No
7   Refused
9   Don't know

Universe: Any person in the family 18+

Skip Instructions: <1> [If 1 person family, store person number in PSEINC and skip to FSSRR; Else goto PSEINC]

<2, D, R> [Goto FSSRR]

Question ID: FIN.060_00.000   **Instrument Variable Name:**   PSEINC   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If the respondent answered yes to FSEINC and there is more than one person 18+ in the family.

Skip Instructions: Goto FSSRR

Question ID: FIN.070_00.000   **Instrument Variable Name:**   FSSRR   **QuestionnaireFileName:**   Family

Question Text: Did [fill: you/any family members living here] receive income in [fill: last year in 4 digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month. If mailed, they are sent in a yellow/gold colored envelope.

1   Yes
2   No
7   Refused
9   Don't know

Universe: All families

Skip Instructions: <1> If 1 person family, store person number in PSSRR and skip to FSSRRD; Else, goto PSSRR.

<2, D, R> [Goto FPENS]

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Question ID: FIN.080_00.000   **Instrument Variable Name:**   PSSRR   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If respondent answered yes to FSSRR and there is more than one person in the family

Skip Instructions: Goto FSSRRD

Question ID: FIN.082_00.000   **Instrument Variable Name:**   FSSRRD   **QuestionnaireFileName:**   Family

Question Text: Was [fill: your/any family member's *Read names

[fill roster of all non-deleted family members selected in PSSRR and AGE LE 64 in column format in bold black]]

Social Security or Railroad Retirement income received as a disability benefit?

1   Yes
2   No
7   Refused
9   Don't know

Universe: If person selected in PSSRR and age is less than or equal to 64 years old

Skip Instructions: <1> [If only one person in the roster, fill the person number in PSSRRDB, and skip to PSSRRD; Else goto PSSRRDB]

<2, D, R> [Go to FPENS]

Question ID: FIN.084_00.000   **Instrument Variable Name:**   PSSRRDB   **QuestionnaireFileName:**   Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received Social Security or Railroad Retirement as a disability benefit?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

Universe: If respondent answered yes to FSSRRD and there is more than one person in the family less than or equal to 64

Skip Instructions: Goto PSSRRD.

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Question ID: FIN.086_00.000   **Instrument Variable Name:**   PSSRRD   **QuestionnaireFileName:**   Family

Question Text: Did [fill: you/alias] receive this benefit because [fill: you are/he is/she is] disabled?

1	Yes
2	No
7	Refused
9	Don't know

Universe: Ask for everyone listed in PSSRRDB.

Skip Instructions: <1, 2, D, R> [after rostering through everyone listed in PSSRRDB, goto FPENS]

Question ID: FIN.090_00.000   **Instrument Variable Name:**   FPENS   **QuestionnaireFileName:**   Family

Question Text: Did [fill: you/any family members living here] receive income in [fill:variable for last calander year] from any disability pension [fill: other than Social Security or Railroad Retirement]?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> If only one person in the family, fill the person number in PPENS, and skip to FOPENS; Else goto PPENS

<2, D, R> [Goto FOPENS]

Question ID: FIN.100_00.000   **Instrument Variable Name:**   PPENS   **QuestionnaireFileName:**   Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

Universe: If respondent answered yes to FPENS and there is more than one person in the family

Skip Instructions: Goto FOPENS

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Question ID: FIN.102_00.000   **Instrument Variable Name:** FOPENS   **QuestionnaireFileName:** Family

Question Text: Did [fill 1] receive income from any retirement or survivor pension [fill 2] [fill 3] [fill 4]?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If only one person in the family, fill line number into POPENS, and skip to FSSI; Else goto POPENS]

<2, D, R> Goto FSSI

Question ID: FIN.104_00.000   **Instrument Variable Name:** POPENS   **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

Universe: If anyone in the family received income from retirement or survivor pension.

Skip Instructions: Goto FSSI

Question ID: FIN.110_00.000   **Instrument Variable Name:** FSSI   **QuestionnaireFileName:** Family

Question Text: Did [fill: 1] receive Supplemental Security Income (SSI) ?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> If only one person in the family, fill person number in PSSI and skip to PSSID; else goto PSSI

<2, D, R> [goto FTANF]

Question ID: FIN.120_00.000   **Instrument Variable Name:** PSSI   **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

Universe: If respondent answered yes to FSSI and there is more than one person in the family

Skip Instructions: Goto PSSID.

Question ID: FIN.122_00.000   **Instrument Variable Name:** PSSID   **QuestionnaireFileName:** Family

Question Text: Did [fill: 1] receive SSI because [fill: 2] a disability?

1	Yes
2	No
7	Refused
9	Don't know

Universe: roster through this for all persons listed in PSSI

Skip Instructions: <1, 2, D, R> [After rostering through for each family member listed in PSSI, goto FTANF]

Question ID: FIN.150_00.000   **Instrument Variable Name:** FTANF   **QuestionnaireFileName:** Family

Question Text: *(book) F21
At any time during [fill: last year in 4 digit format], even for one month, did [fill: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill State Name] specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person in the family, fill person number into PTANF and skip to FOWBEN; Else goto PTANF.

<2, D, R> [goto FOWBEN]

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Question ID:	FIN.160_00.000	**Instrument Variable Name:**	PTANF	**QuestionnaireFileName:**	Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If respondent answered yes to FTANF and there is more than one person in the family

Skip Instructions: Goto FOWBEN

Question ID:	FIN.164_00.000	**Instrument Variable Name:**	FOWBEN	**QuestionnaireFileName:**	Family

Question Text: At any time during [fill: variable for calculating last calander year], did [fill: 1] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

1   Yes
2   No
7   Refused
9   Don't know

Universe: All families

Skip Instructions: <1> [if 1 person family, store line number in POWBEN, goto FINTRST]; else goto POWBEN

<2, D, R> [goto FINTRST]

Question ID:	FIN.166_00.000	**Instrument Variable Name:**	POWBEN	**QuestionnaireFileName:**	Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If the respondent answered yes to FOWBEN and there is more than one person in the family

Skip Instructions: Goto FINTRST

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Question ID: FIN.170_00.000   **Instrument Variable Name:** FINTRST   **QuestionnaireFileName:** Family

Question Text: Did [fill: 1] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends
1   Yes
2   No
7   Refused
9   Don't know

Universe: All families

Skip Instructions: <1> [if 1 person family, store line number in PINTRST, goto FDIVD]; Else goto PINTRST.

<2, D, R> [goto FDIVD]

Question ID: FIN.180_00.000   **Instrument Variable Name:** PINTRST   **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.
1   Yes
2   No
7   Refused
9   Don't know

Universe: If respondent answered yes to FINTRST and there is more than one person in the family

Skip Instructions: Goto FDIVD

Question ID: FIN.190_00.000   **Instrument Variable Name:** FDIVD   **QuestionnaireFileName:** Family

Question Text: Did [fill: 1] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?
1   Yes
2   No
7   Refused
9   Don't know

Universe: All families

Skip Instructions: <1> [If one person in family, store person number in PDIVD skip to FCHLDSP; else goto PDIVD]

<2, D, R> [goto FCHLDSP]

Question ID: FIN.200_00.000   **Instrument Variable Name:**   PDIVD   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s). Separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

Universe: If respondent answered yes to FDIVD and there is more than one person in the family

Skip Instructions: Goto FCHLDSP

Question ID: FIN.210_00.000   **Instrument Variable Name:**   FCHLDSP   **QuestionnaireFileName:**   Family

Question Text: Did [fill: 1] receive income from child support?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If 1 person family, store person number in PCHLDSP goto FINCOT; else goto PCHLDSP]

<2, D, R> [goto FINCOT]

Question ID: FIN.220_00.000   **Instrument Variable Name:**   PCHLDSP   **QuestionnaireFileName:**   Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1	Yes
2	No
7	Refused
9	Don't know

Universe: If respondent answered yes to FCHLDSP and there is more than one person in the family

Skip Instructions: Goto FINCOT

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Question ID: FIN.230_00.000   **Instrument Variable Name:**   FINCOT   **QuestionnaireFileName:**   Family

Question Text: Did [you/any family member living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

  1   Yes
  2   No
  7   Refused
  9   Don't know

Universe: All families

Skip Instructions: <1> [If one person in the family, store person number in PINCOT, goto FAMINC]; else goto PINCOT.

    <2, D, R> goto FAMINC

Question ID: FIN.240_00.000   **Instrument Variable Name:**   PINCOT   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income

  1   Yes
  2   No
  7   Refused
  9   Don't know

Universe: Respondent answered yes to FINCOT, and there is more than one person in the family

Skip Instructions: Goto FAMINC

Question ID: FIN.250_00.000   **Instrument Variable Name:**   FAMINC   **QuestionnaireFileName:**   Family

Question Text: Now I am going to ask about the total combined income [fill: 1] in [fill: last year in 4 digit format], including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.

Can you tell me that amount before taxes?

* If necessary, remind respondent that total combined family income is their income plus the income of all family members including cohabiting partners and armed forces members living at home before taxes.

* Enter 999,995 if the reported income is greater than $999,995.

  000000-999994   0-$999,994
  999995 $999,995+
  999997   Refused
  999999   Don't know

Universe: All families

Skip Instructions: <0-999995> goto HOUSEOWN

    <D, R> [gotoFINC20]

2004 NHIS Questionnaire - Family
Family Income
Document Version Date: 03-May-04

Question ID: FIN.260_00.000   **Instrument Variable Name:**   FINC20   **QuestionnaireFileName:**   Family

Question Text: You may not be able to give us an exact figure for your [fill: 1] income, but can you tell me if your income in [fill: last year in 4 digit format] was

* Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

1    $20,000 or more
2   Less than $20,000
7   Refused
9   Don't know

Universe: The respondent answered don't know or refused to FAMINC

Skip Instructions: <1 - 2> [goto FINCCAT]
<D, R> [goto HOUSEOWN]

2004 NHIS Questionnaire - Family
Family Income
Document Version Date: 03-May-04

Question ID:	FIN.270_00.000	**Instrument Variable Name:**	FINCCAT	**QuestionnaireFileName:**	Family

Question Text: [If FINC20 = $20,000 or more, fill: * (book) F22]
[if FINC20 = $20,000 or less, fill: * (book) F23]

Of those income groups, can you tell me which letter best represents [fill: 1] income during [fill: last year in 4 digit format]?

* Enter [fill: 2] corresponding to total combined family income.

00	A. Less than $1,000
01	B. $1,000-$1,999
02	C. $2,000-$2,999
03	D. $3,000-$3,999
04	E. $4,000-$4,999
05	F. $5,000-$5,999
06	G. $6,000-$6,999
07	H. $7,000-$7,999
08	I. $8,000-$8,999
09	J. $9,000-$9,999
10	K. $10,000-$10,999
11	L. $11,000-$11,999
12	M. $12,000-$12,999
13	N. $13,000-$13,999
14	O. $14,000-$14,999
15	P. $15,000-$15,999
16	Q. $16,000-$16,999
17	R. $17,000-$17,999
18	S. $18,000-$18,999
19	T. $19,000-$19,999
20	AA. $20,000-$20,999
21	BB. $21,000-$21,999
22	CC. $22,000-$22,999
23	DD. $23,000-$23,999
24	EE. $24,000-$24,999
25	FF. $25,000-$25,999
26	GG. $26,000-$26,999
27	HH. $27,000-$27,999
28	II. $28,000-$28,999
29	JJ. $29,000-$29,999
30	KK. $30,000-$30,999
31	LL. $31,000-$31,999
32	MM. $32,000-$32,999
33	NN. $33,000-$33,999
34	OO. $34,000-$34,999
35	PP. $35,000-$39,999
36	QQ. $40,000-$44,999
37	RR. $45,000-$49,999
38	SS. $50,000-$54,999
39	TT. $55,000-$59,999
40	UU. $60,000-$64,999
41	VV. $65,000-$69,999
42	WW. $70,000-$74,999
43	XX. $75,000 & over
97	Refused
99	Don't know

2004 NHIS Questionnaire -   Family
Family Income
Document Version Date: 03-May-04

Universe:	FINC20 something other than don't know or refused
Skip Instructions:	[goto HOUSEOWN]

Question ID:	FIN.280_00.000	**Instrument Variable Name:**	HOUSEOWN	**QuestionnaireFileName:**	Family

Question Text: Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: or someone in your family?]

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't know

Universe:	All Families
Skip Instructions:	<1, 3, D, R> [goto FSSAPL to see if family fits the universe for this question]
	<2> [goto FGAH]

Question ID:	FIN.282_00.000	**Instrument Variable Name:**	FGAH	**QuestionnaireFileName:**	Family

Question Text: [fill: 1] paying lower rent because the Federal, State, or local government is paying part of the cost?

1	Yes
2	No
7	Refused
9	Don't know

Universe:	Families who rent
Skip Instructions:	<1, 2, D, R> [goto FSSAPL to see if family fits into the universe for this question]

Question ID:	FIN.300_00.000	**Instrument Variable Name:**	FSSAPL	**QuestionnaireFileName:**	Family

Question Text: [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

1	Yes
2	No
7	Refused
9	Don't know

Universe:	All
Skip Instructions:	<1> [If one person family, store line number in PSSAPL. Goto FSDAPL to see if family fits into universe for this question; Else goto PSSAPL]
	<2, D, R> [goto FSDAPL to see if family fits into universe for this question]

2004 NHIS Questionnaire -   Family
Family Income
Document Version Date: 03-May-04

Question ID: FIN.310_00.000   **Instrument Variable Name:**   PSSAPL   **QuestionnaireFileName:**   Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with a comma.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

1   Yes
2   No
7   Refused
9   Don't know

Universe: If respondent said yes to FSSAPL and there is more than one person in the family

Skip Instructions: Goto FSDAPL

Question ID: FIN.330_00.000   **Instrument Variable Name:**   FSDAPL   **QuestionnaireFileName:**   Family

Question Text: [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

1   Yes
2   No
7   Refused
9   Don't know

Universe: All Families

Skip Instructions: <1> [If one person family, store line number in PSDAPL. Goto TANFMYR to see if the family fits in the universe for TANFMYR; Else goto PSDAPL]

<2, D, R> [goto TANFMYR to see if family fits into the universe for this question]

Question ID: FIN.340_00.000   **Instrument Variable Name:**   PSDAPL   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

1   Yes
2   No
7   Refused
9   Don't know

Universe: Respondent answered yes to FSDAPL and there is more than one person in the family.

Skip Instructions: Goto TANFMYR to see if family fits into the universe for this question.

2004 NHIS Questionnaire - Family
Family Income
Document Version Date: 03-May-04

Question ID: FIN.350_00.000   **Instrument Variable Name:**   TANFMYR   **QuestionnaireFileName:**   Family

Question Text: Earlier I recorded that [fill: you/alias] received cash assistance from programs such as welfare or public assistance in [fill: last year in 4 digit format]. During [fill: last year in 4 digit format], about how many months did [fill: you/alias] receive this assistance?

*Enter "1" if less than one month.

01-12	1-12 months
97	Refused
99	Don't know

Universe: Persons who received AFDC or General Assistance

Skip Instructions: <1-12, D, R> Repeat this question for all persons listed in PTANF, then goto FFSTIP

Question ID: FIN.360_00.000   **Instrument Variable Name:**   FFSTIP   **QuestionnaireFileName:**   Family

Question Text: [fill: 1] authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during [fill: last year in 4 digit format]?

*An authorized person is one whose name appears on a certification card.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [If one person family, store person number in PFSTP. Goto FSTPMYR; Else goto PFSTP.]

<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]

Question ID: FIN.370_00.000   **Instrument Variable Name:**   PFSTP   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was authorized to receive food stamps?

* Indicate family members who were authorized to receive food stamps.

1	Yes
2	No
7	Refused
9	Don't know

Universe: Respondent answered yes to FFSTIP and there is more than one person in the family

Skip Instructions: Goto FSTPMYR

2004 NHIS Questionnaire - Family
Family Income
Document Version Date: 03-May-04

Question ID: FIN.380_00.000   **Instrument Variable Name:**   FSTPMYR   **QuestionnaireFileName:**   Family

Question Text: During [fill: last year in 4 digit format], about how many months [fill: 1] authorized to receive food stamps?

* Enter "1" if less than 1 month

01-12	1-12 months
97	Refused
99	Don't know

Universe: All persons mentioned in PFSTP

Skip Instructions: Goto FINWIC to see if family fits into universe for this question.

Question ID: FIN.384_00.000   **Instrument Variable Name:**   FINWIC   **QuestionnaireFileName:**   Family

Question Text: At any time during [fill: last year in 4 digit format] did [you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

1	Yes
2	No
7	Refused
9	Don't know

Universe: Families with females aged 12-55 or children age 0-5

Skip Instructions: <1> [If 1 person family, store person number in PWIC. Goto end of section. Else goto PWIC]

<2, D, R> [Goto end of section.]

Question ID: FIN.385_00.000   **Instrument Variable Name:**   PWIC   **QuestionnaireFileName:**   Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

1	Yes
2	No
7	Refused
9	Don't know

Universe: Respondent answered yes to FINWIC

Skip Instructions: Goto end of section